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ABSTRACT

This curriculum guide for health education from kindergarten through high school contains course objectives, content outlines, resource suggestions, and classroom activities appropriate for each grade level. The following units of study are included: 1) consumer health, 2) dental health, 3) environmental health, 4) family health, 5) mental health, 6) nutrition, 7) personal health, 8) disease prevention, 9) safety, and 10) drug use. (JD)

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HEALTH EDUCATION CURRICULUM GUIDE FOR ALABAMA SCHOOLS

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ACKNOWLEDGMENTS

Appreciation is expressed to the following persons: Willis J. Baughman for directing the preparation of the original guide; Billy Dabbs for updating the guide, Richard K. Means for editing the guide; Alice B. Hyde for designing the cover.

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State Department of Education Position Statement

The Alabama Health Education Curriculum Guide K-12 is a significant contribution to the instructional program for Alabama students. The original guide was printed in 1972 as two separate volumes for grades K-6 and 7-12, respectively. This current guide has been completely reviewed and revised to bring it up-to-date with regard to health knowledge, teaching methodology, and available resources.

We commend the many professional teachers, supervisors, administrators and allied health personnel who contributed to the development of the original guides, as well as the persons who utilized those guides. We also commend the members of the State Health Education Advisory Committee who were responsible for the revision and consolidation of the guide.

On June 17, 1976, the State Board of Education mandated the provision of comprehensive health education in all of the schools which operate under the jurisdiction of the Board. We urge the use of this guide to enrich the health education experience of Alabama students. Health education must become an integral part of the total school curriculum.

Wayne Teague
State Superintendent of Education

Coordinator of Guide Development

Comments

The Health Education Curriculum Guide was developed to meet a recognized need in the health instructional programs of Alabama. This publication is designed to assist the teacher in providing a basic core of health instruction for grades K-12. It is not intended that the guide limit or restrict the teacher in the scope of the program. The content of the guide should be considered as a minimal approach to health instruction. The teacher is urged to enrich and extend instruction to exceed the learning experiences suggested by the guide.

The development of the guide was the result of cooperative efforts by many persons associated with education, and public and voluntary health. Those individuals have made a unique contribution to the health instructional program for Alabama's children and youth. It was a professional privilege to be associated with the many individuals who have made this guide a reality. To those who have given of their time and expertise in developing the guide, I extend my most sincere appreciation and thanks.

In any cooperative effort such as that involved in the development of this guide, some inadequacies and errors are to be expected. We sincerely hope they are minimal.

Willis J. Baughman
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State Department of Public Health Support Statement

We in public health practice are concerned with the lack of adequate health education instruction being taught in the public schools of this state. It is alarming that our people are not receiving adequate preventive health care. The first level of preventing disease, promoting health and prolonging life is through public health education and formal health education instruction.

It is generally accepted that the quality of health exhibited by individuals relates positively to their level of education. The State Department of Public Health continues to offer its support to the State Department of Education in providing the scientific public health knowledges and skills available to those accepted practices which are included in the revised **Health Education Curriculum Guide for Alabama Schools**. In the realization that formal health instruction must be in the curriculum each and every year of a student's public school life, taught by trained health education teachers, the State Department of Public Health pledges supplementary assistance for health education instruction in elementary and secondary schools in Alabama.

Ira L. Myers, M.D., M.P.H.
State Health Officer

Alabama State Board of Education Resolution

The following resolution in support of comprehensive health education was adopted by the Alabama State Board of Education on June 17, 1976.

WHEREAS, research indicates that many of the diseases and illnesses common among the general population can be prevented through the application of health knowledge; and

WHEREAS, the more complex civilization becomes the more each person must depend on the processes of education for guidance:

NOW, THEREFORE, BE IT RESOLVED that the Alabama State Board of Education urge that comprehensive Health Education be taught sequentially by qualified teachers in every school under the authority of the State Department of Education; and

BE IT FURTHER RESOLVED that the instruction and supervision of the comprehensive health programs shall be under the administration of the State Department of Education; and

BE IT FINALLY RESOLVED that the Alabama Health Education Curriculum Guides, Grades K-6 and Grades 7-12*, be used as a guide for the health instruction programs.

* (The current Health Education Curriculum Guide is a single copy document containing grades K-12)

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INTRODUCTION

SEQUENTIAL DEVELOPMENT OF THE GUIDE

Planning—An Alabama State Planning Committee for Curriculum Development was organized in 1968 to prepare a Health Education Curriculum Guide for grades K-12. The Planning Committee first designed a survey instrument to determine the status of health instruction in the elementary and secondary schools of Alabama. This survey form was sent to all the elementary and secondary schools of the state. The completed returns served as a basis for planning and organizing the sequential steps of the proposed curriculum guide.

Workshop—In 1969 a Health Education Curriculum Guide Workshop was held at the University of Alabama Tuscaloosa Campus. Funding for the event was secured from: Title I, 89-10, through the State Department of Education; the Alabama State Department of Public Health; the University of Alabama; and a number of other health related agencies and organizations.

There were 66 participants enrolled in the workshop. More than 30 additional individuals served as consultants and resource persons. This group developed the experimental edition of the health education curriculum guide.

The workshop participants recommended that the guide be used in all schools, grades K-12. In-service programs to explain the guide were to be provided for schools that would participate in its trial use. Members of the Planning Committee and selected members of the consultant and resource personnel were to serve as the staff for the in-service programs.

Huntsville's public schools used the guide on an experimental basis during the school year of 1970-71.

Revision—A plan to revise and refine the experimental copy of the guide was begun in 1970 and completed in 1971. Suggestions for the revision came from teachers, supervisors, and administrators who worked with the guide on an experimental basis. A small group who had worked in the development of the guide took the recommendations for refining the guide and made the changes in 1971.

An Emergency Medical Service Workshop in 1971 contributed significantly to the content of the guide in the area of safety, first aid and medical selfhelp. Also, a Drug Education

Workshop focusing its attention on tobacco, alcohol and other drugs provided additional information for this aspect of the guide's content.

A revision and writing team was established in the Fall of 1971 to incorporate approved suggested changes and to edit the publication in preparation for printing. This editorial team completed its work and the final draft was ready for the printer in January of 1972.

The Health Education Curriculum Guides-Grades K-6 and 7-12 were printed and distributed to all public school systems in the state in 1972. Even with the availability of the guides, which included an endorsement for their use by the State Superintendent of Education, there was no appreciable increase in the teaching of health education in the public schools over the next four years.

Updating—In December of 1975 Dr. Wayne Teague, State Superintendent of Education, appointed a Health Education Advisory Committee to assist in (1) analyzing the provision of health education in the public schools, and (2) developing strategies to encourage school personnel to work toward the provision of comprehensive health instruction.

A "master plan" was developed by the Committee to give direction to its actions in achieving its assigned tasks. One of the major components of the "master plan" was the updating of the Alabama Health Education Curriculum Guides-Grades K-6 and 7-12.

In February of 1977 two members of the Health Education Advisory Committee, Mabel Robinson and Billy Dabbs, were given the responsibility of spearheading the updating of the guides. In keeping with the strategy used in developing the original guides, to get input from experts representing each of the disciplines contained in the guides, the two members contacted specialists representing each unit of instruction to get their recommendations and suggestions. Updated content and some format modification were presented to the Health Education Advisory Committee for their approval. The Committee approved the recommendations for updating and format modification and the resulting updated content was ready for typesetting in

September of 1977.

The Health Education Advisory Committee expresses its sincere appreciation to the many specialists who contributed their time and expertise toward the updating of the Health Education Curriculum Guides. Also, the Committee gratefully acknowledges the Tuskegee Area Health Education Center, Inc., and the University of Alabama in Birmingham for their financial contributions for underwriting the cost of preparing the updated guide for typesetting.

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Format of the Guide

Overview

The purpose of the overview is to provide the teacher with an opportunity to review the chief characteristics, including health interests and needs, of children or youth of the age level for which each overview was prepared.

Behavioral Objectives

The objectives for each unit of instruction in the guide have been expressed in behavioral form. These behavioral objectives are expressed as long range objectives and as immediate objectives. The action content of the immediate objectives indicates that these are experiences that normally can be acquired by the learner in a relatively short period of time. The long range objectives are developed with the intent that they could be met over a period of time that might require six months, a year, or longer. These achievements should result from the cumulative process of learning.

It is not the intent of the guide to limit the behavioral objectives to only those listed for each unit. Rather, it is recommended that each teacher supplement the list of behavioral objectives (both immediate and long range), and follow up with a modification of the proposed content outline of the guide. Those included also might be used by the teacher as a focus for learning activities.

Quality instruction in health must not only provide the student with knowledge and appropriate attitudes toward health, but must serve as a means whereby wholesome health behavior becomes a way of life. The use of behavioral objectives as a part of the health instructional program helps to assure this outcome by focusing attention on behavior as an outgrowth of learning.

Content Outline

The content outline includes a series of suggested topics around which the learning experiences might appropriately be arranged. The topics included have been selected by experienced teachers. It is their judgment that the various topics for study are appropriate within the grade level for which they are suggested. It is the

opinion of those who developed the guide that the content for grades 4-6 represents a sequential horizontal and vertical increment of learning that is based upon the learning experiences suggested by the content outline for grades K-3. Similar sequence was provided in content for grade levels 7-9 and 10-12. The instructional work for each succeeding grade level is based upon the learning experiences acquired during the previous level of instruction. By this procedure the instructional program in health will assure the student of a graded and continuous learning experience. It is therefore evident that health must be taught at each grade level K-3, 4-6, 7-9, and 10-12, if it is to make the desired impact upon the total educational growth of children.

Resources

The resources included in this guide are grouped into three categories: (1) printed materials, (2) audio-visual materials, and (3) personnel.

Each of these categories is represented in every instructional unit. Full addresses for agencies providing printed materials, and audio-visual materials are in the appendix.

The printed materials include a list of books that are appropriate for use by the teacher, as well as the list of State listed textbooks which are recommended for use by the student.

A list is included of sources for free and inexpensive pamphlets and audio-visuals. The title of such pamphlets and audio-visuals are not included. It is recommended that the teacher write to one or more of the resources listed for each respective unit requesting current materials appropriate for the grade level in which the materials are being used. It has been found that when specific pamphlets and films have been suggested for use with a unit of instruction they are soon out of print and not available. Each of the agencies listed within the unit do have available materials pertinent to the unit.

A list is included of personnel who might appropriately be used as resource persons in the unit of instruction. Most schools would have available one or more of the suggested persons in their respective community. Some of the large school systems could

perhaps obtain all of those included in the listing.

Activities

The activities are intended to enrich the instructional program. The listing represents in each instance only a few of the many kinds of activities that would be appropriate. Teachers are urged to use activities in which they have experience and expertise. Those listed serve primarily as a guide to the teacher concerning the types of activities which would be relative.

Evaluation

Basic evaluation of the instructional program should be based upon the extent to which students are able to accomplish the immediate and long range behavioral objectives.

The types of evaluative instruments to be used is left to the discretion of the teacher. However, assistance in obtaining evaluation tools is available from the health education specialist in the State Department of Education.

Scope of Instructional Levels of the Guide

The guide is an effort to provide a series of curricular experiences on a graded and continuous basis for grades K-12, and it is prepared to include four levels of work. Level I includes health units for K-3, Level II for grades 4-6, Level III for grades 7-9, and Level IV for grades 10-12. The guide represents a minimal content recommended for all schools. It is not intended to limit the teacher or the school where a more advanced program in health instruction can be provided.

Chart 1 presents the Units of Instruction. Key content items are listed so that the teacher may compare sequential differences between the grade levels. The teacher in grades K-3 can thus determine the proposed content that will be presented in grades 4-6, 7-9, and 10-12 for any unit. Likewise the teacher in grades 10-12 can study the chart to determine what instructional experiences the student has had, providing the guide has been followed in the instructional programs in grades K-9.

Chart 1. Scope and Sequence of Content for Units of Instruction — K-12

Unit of Instruction	Level K-3	Level 4-6	Level 7-9	Level 10-12
Consumer Health	Consumer Advertising Community helpers Medication	What is a consumer? Sources of medical, dental and other health services Quackery, health superstitions, misconceptions and frauds Advertising Agencies for the protection of the consumer	Characteristics of a wise consumer Selection of products Budgeting Physicians and other medical personnel	Cost of health problems Facilities for patient care Health insurance Medical misconceptions Quackery Federal, state, and local agencies Health careers
Dental Health	Proper procedures for cleaning teeth Services Foods Problems	Types of permanent teeth and their functions External and internal parts of the tooth Dental health Effects of poor dental health Fluoride New developments in modern dentistry	Dental diseases Abnormalities of teeth Relationship of diet and dental health Fluoridation Development of good health habits Professional care Careers in dentistry	Measures for prevention and control of dental disorders Dental careers and related fields New developments in modern dentistry
Environmental Health	Individual responsibility for a healthier environment Healthful school environment Healthful home environment Healthful community environment Community helpers Individual obligations	Clean air and water Sources, community effects and solutions of pollution problems Disposal and treatment of waste Issues associated with the changing environment Agencies which help protect the environment	Definition of a changing environment Function of agencies that affect environment	Nature and causes of pollution Prevention of pollution Human population Responsibilities of health agencies Occupational health hazards
Family Health	The family The need for a family Healthy attitudes and habits of family members Differences between boys and girls Differences between individuals and between families Living things come from other living things	Need for a family Patterns of growth and development in boys and girls Family relationships Families in the community	Changing family roles and responsibilities Anatomy and physiology of the reproductive system Physical changes of adolescence Intellectual and emotional development Social development Engagement and marriage Human reproduction Self-concept as a sexual being Deviant sexual behavior	Changing family roles and responsibilities Developing and adhering to wholesome standards Deviant sexual behavior Selection of a mate and marriage planning Marriage Marital difficulties and divorce The reproductive process and its function Parenthood and child rearing Later phases of the family life cycle

Unit of Instruction	Level K-3	Level 4-6	Level 7-8	Level 10-12
Mental and Emotional Health	Identifying responsibility Practicing cheerfulness Identifying the factors relating to self control Forming happy family relationships Practicing thoughtfulness and courtesy Recognizing importance of cooperation Demonstrating independence and self-confidence Evaluating differences among people Constructing habits of working and playing Recognizing and solving difficulties Constructing a wholesome self-concept	Self-concept and relationships to others Characteristics of emotional maturity Avoiding and solving problems	Basic personal needs Emotions Toward better mental health Developing emotional maturity Developing social maturity Developing a value system Characteristics of mature persons reflecting good emotional health Mental illness	Introduction Factors affecting mental health Characteristics of good mental health Dealing with stress Psychological aspects of the individual Treatment of the mentally ill Prevention of severe mental illness
Nutrition	Recognizing foods good for you—the essential four Elements in foods which contribute to good nutrition Results of good nutrition Good dietary habits Eating practices and table manners Proper care of food Sources of food	Digestive process Structure and function of the digestive system Four basic food groups and recommended daily allowances Classification of food nutrients Food habits Effects of poor nutrition Diet and weight control	Digestion Body utilization of nutrients Diet and weight control Fads and fallacies	Nutritional status of the nation and world Conditions which determine energy and nutrient needs Application of nutritional knowledge Approaches to weight control Malnutrition Nutrition-related problems Nutrition as both an individual and national responsibility
Personal Health	Cleanliness Nutrition Dental Health Prevention and control of disease Safety Senses Growth and development	Environment Cleanliness and grooming Foods and nutrition Physical activity and rest Disease prevention and control Care of the body Physical growth and development Mental and social health Safety and first-aid Family health	Functions of the body Care of the body Emotions Wise use of leisure Boy and girl relationships	Functions of the body Care of the body Social growth
Prevention and Control of Disease	Living a healthful life Germ theory Types of illness Means of immunization Preventive measures Introduction to major health problems Health heroes	Germs Colds Communicable diseases Role of the health department	History of man's struggle against communicable diseases Pathogenic micro-organisms Body defenses Immunity Common communicable diseases Non-communicable diseases	Methods of prevention and control Communicable diseases Non-communicable diseases Birth defects

Unit of Instruction	Level K-3	Level 4-5	Level 7-9	Level 10-12
Safety and Accident Prevention	Home safety School safety Classroom safety Playground safety Traffic safety Water safety	Home safety School safety Traffic safety Water safety First-aid	Accident proofed homes Accident proofed schools Accident proofed traffic Accident proofed water and recreational activities First-aid Medical self-help	Accident prevention Home safety Traffic safety School safety Water safety Medical self-help Cardio-pulmonary resuscitation
Tobacco, Alcohol, and Other Drugs	Habits —How they are formed —How they influence health Tobacco —Effect on health —Social offenses of smoking —Expense Alcohol —Effect on the body —Effects on society —Use and misuse —Expense Other drugs —Purpose —Over-the-counter and prescription drugs —Use and misuse —Selection and Administration	History and background of tobacco, alcohol, and other drugs Common forms of tobacco, alcohol, and other drugs Effects of tobacco, alcohol, and other drugs Habit formation Ways of coping with and enjoying life	History of tobacco Reasons for smoking Detrimental results of smoking Excuses for the continuation of smoking Ways to stop smoking Legislation Classification Uses of beverage alcohol Terminology Legal controls Effects on the body Drinking pattern Reasons for drinking Alcoholism Social and economic problems related to drinking Purpose and beneficial use Classification of abused drugs Who uses drugs and why Mental and physical dependency Social implications of drug abuse Legal control Prevalence of drug abuse in U.S. Prevention and treatment	Tobacco Disease and disorder Economic aspects Reasons for beginning to smoke Effects Alcohol-related personal and community problems Alcoholism Prescription and over-the-counter drugs Factors leading to drug abuse Drug use and legislation Drug abuse as a social problem Rehabilitation of the addict Prevention through education

Suggested Scheduling and Time Allotment

It is recommended that health instruction be provided for a period of 20 to 30 minutes per day, five days a week throughout the elementary school grades K-6. It is further suggested that a minimum of three units of instruction be provided for each grade.

It is also recommended that a minimum of one year of health instruction, five periods per week, be provided in the secondary school curriculum.

Suggested Plans for Rotation

One of the shortcomings of some existing health instruction programs is that all units of instruction are offered each year. This generally results in repetition without improving the horizontal or vertical learning experiences of the pupils. For this reason the guide suggests three units of instruction for each grade. This provides a minimal total of nine units of study for each level. The guide does not restrict

the instructional program to nine units, but suggests that a minimum of nine units be offered in each three-year level. A plan for rotation of instructional units is presented in Chart 2.

The choice of placing the respective units at each grade level is a decision for each school or school system. It is suggested that the units be placed at the grade level most appropriate for the needs and interests of the students in the respective school or community.

Chart 2. Suggested Plan for Rotation of Instructional Units

Units of Instruction	GRADES K-6						GRADES 7-12					
	Grades K-3			Grades 4-6			Grades 7-9			Grades 10-12		
	K-1	2	3	4	5	6	7	8	9	10	11	12
Tobacco, Alcohol and Other Drugs		X			X		X	X	X	X		
Environmental Health		X			X			X				X
Consumer Health			X			X			X			X
Dental Health			X			X			X	X		
Family Health	X			X			X				X	
Mental and Emotional Health		X			X			X			X	
Nutrition	X			X			X				X	
Personal Health			X			X			X			X
Prevention and Control of Disease	X			X			X				X	
Safety and Accident Prevention	X	X	X	X	X	X		X		X		

OVERVIEW

K-3

A sound health program for children must be based upon their needs and interests. Knowledge about similarities and differences is essential to the planning for learning experiences. Studies of youngsters tell us that each child is quite different, one from another. Children differ in height, weight, and body build. They differ in such experiences as the things they have seen, done, and heard about in their preschool years. They differ in social and emotional maturity, which determines their ability to get along with others, to do things by themselves, and to cope with feelings of shyness or fear.

Each child is unique and brings to school his native endowment, his special rate of development, and his own home background. A study of similarities can help a teacher project what may be expected in the learning process.

Numerous authors^{1,2,3} and various committee reports^{4,5} have listed traits of children. Some of the commonly observed characteristics and needs of children ages five through eight are:

1. Physical traits

- a) Growth is slow but steady, with a weight gain of three

to six pounds yearly and height increase of one to three inches.

- b) The heart is developing rapidly. The child has better control over large muscles than small muscles, and has incomplete hand-eye coordination.
- c) There is a rapid growth in eye development and control. An increasing number of children will need glasses. Eye accidents are a problem. Middle ear infections and other respiratory ailments, as well as childhood diseases, are common. Accidents and injuries occur frequently.
- d) The four six-year molars erupt, to be followed by other permanent teeth.
- e) The child has possible postural deviations. By eight years the child becomes aware of posture in himself and others.

2. Mental traits

- a) The span of attention gradually increases throughout the elementary grades.
- b) This age child shows considerable interest in dramatic play, grows in willingness to help in school routines, and in ability to take part in group work and play.
- c) The child usually likes his teacher and wants to please her, but young children make heavy demands upon the teacher's attention.
- d) A record or chart of the child's own successes is of interest to him, and he likes to collect things.
- e) Children form classroom clubs and share in school councils.

3. Social-emotional traits

- a) Transition to school life may cause emotional upsets. The child becomes increasingly aggressive in his behavior early in this age period, but shows less aggression later in the period, except verbally. Younger children are often beset with fears and worries, which tend to decrease as they become adjusted to school. The child gradually changes from a self-centered person to a more social one. He grows in independence and in his ability to reason things out. He responds favorably to praise and approval.
- b) This age child does not differentiate between girls and boys.

4. Needs

- a) Generally the five-eight year old child has a good appetite, but nutritional problems may arise from tensions or from eating meals hurriedly. Breakfast is usually the poorest meal.
- b) Habits of elimination become more definitely established during these years. Some children may have more than one bowel movement a day.
- c) The six-year-old child needs from 11 to 12 hours of sleep, while 10½ to 11 hours for the eight-year old is adequate. The six-year-old may need an hour's nap. The child has an abundance of energy but tires easily. Physical activity may range from very quiet to excessive activeness.

Even though there are apparently disjointed characteristics in the child's early formative years, K-3, the teacher should never overlook the fact that the child is a totality.

¹James L. Dennis, "The Thorny Child," *California Medical*, XCVI (February 1962).

²W.W. Bauer, Dorothy W. Baruch, Elizabeth Rider Montgomery, and Elenore T. Pounds, *Being Six (Guidebook)* (Chicago: Scott Foresman and Company, 1962), pp. 4-10.

³Ruth E. Grout, *Health Teaching in Schools* (5th ed.; Philadelphia: W.B. Saunders Company, 1960), pp. 216-219.

⁴The Elementary Health Education Committee of the Madison Public Schools, *Guide to Teaching Health, Kindergarten-Grade Six* (Madison, Wisconsin: The Madison Public Schools Curriculum Department, 1962), pp. 15-37.

⁵Los Angeles City Schools, *Health in the Elementary Schools, and Instructional Guide* (Los Angeles City Schools: Division of Instructional Services, 1959), p. xvi.

CONSUMER HEALTH

K-3

I. INTRODUCTION

Children in grades K-3 should be introduced to basic consumer health knowledge which can be applied to daily life. Activities should be selected and directed to allow for freedom in formulating consumer health practices.

Each child needs to become acquainted with the family doctor, dentist, druggist, and other health personnel. They need to understand that medicines should be recommended or prescribed by qualified adults such as these.

Children must learn to make sound decisions about their immediate wants and desires. Modern advertisement influences the child's attitudes toward consumer products. Many products appealing to this age child are stressed in the numerous children's television programs and magazines. Because children are faced with decision-making about so many products and services, basic training in consumer education should begin at this age.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades K-3 should:

1. Formulate the idea that each individual is a consumer.
2. Critically analyze advertisements for the selection of health products.
3. Detect the difference between qualified health personnel and persons who utilize magic, quackery, or fraud.
4. Formulate the importance of taking medicines only from a physician, nurse, parent, or guardian.

B. Immediate objectives

The students in grades K-3 should:

1. Define a consumer and recognize that each individual is a consumer of many items found in the home, in the school, and in the community.
2. Estimate the quality of advertisements seen on the television, heard on the radio,

read in the newspapers or books, and perpetuated through personal contact.

3. Identify people who maintain, protect, and promote consumer health.
4. Recognize the purposes of labels on medicines and other products related to health and well-being.
5. Examine slogans in selected advertisements.
6. Contrast the quality of the personal health products children use.
7. Compute the various ways a child spends money.

III. CONTENT OUTLINE

A. Consumer

1. Definition
2. Products utilized by K-3 children
3. Budgeting—income greater than expenditures
4. Methods of buying and selling
5. Parental assistance in purchasing

B. Advertising

1. Purposes
2. Reliability—truth, exaggeration
3. Methods for comparison
4. Slogans

C. Community helpers

1. People who maintain, promote, and protect health
 - a) Parents
 - b) Teachers
 - c) Physicians
 - d) Druggists
 - e) Health officials
 - f) Legislators
 - g) Federal agencies
 - h) State agencies
2. The specific roles of the doctor, the dentist, the nurse, and the druggist
3. Community agencies
 - a) Hospital
 - b) County health department

c) Environmental health

4. Quackery, fraud, and misconceptions—definitions and common examples

D. Medication

1. Physician
2. Self-diagnosis and self-medication
3. Patent medications
4. Over-the-counter drugs

IV. RESOURCES

A. Printed material

1. Books

- a) Editors of Consumer Reports. **The Medicine Show.** Mount Vernon, New York, 1974.
- b) Presidents' Committee on Consumer Interests. **Suggested Guidelines for Consumer Education: Grades K-12.** Washington, D.C.: U.S. Government Printing Office, 1970.
- c) **A Survey of Consumer Health Education Programs—Final Report.** Arthur D. Little, Inc.: U.S. Department of Health, Education and Welfare, Washington, D.C., 1976.

d) State listed textbooks.

2. Sources for pamphlets and other printed material

- a) Alabama Consumer Protection Office
- b) American Medical Association
- c) Bureau of Health Education
- d) Consumer Products Safety Commission
- e) Superintendent of Documents, U.S. Government Printing Office

3. Periodicals

- a) **American Journal of Public Health—**
American Public Health Association

- b) **Consumers' Report—**
Consumer's Union of the
United States
- c) **Journal of the American**
Medical Association
- d) **Family Health Magazine**

B. Audio-visual sources

1. Films

- a) American Dental
Association
- b) American Hospital
Association
- c) Encyclopedia Britannica
Educational Corporation

C. Personnel

- 1. Physician
- 2. Public health nurse
- 3. Druggist
- 4. Dietician
- 5. Commercial advertiser

V. ACTIVITIES

- A. Take a field trip to the
supermarket to view the
many products available for
purchase.
- B. Discuss advertisements seen
on television.

- C. Build and utilize a model
supermarket or drug store.
- D. Select a pet for the
classroom in order to note
types and amounts of food
consumed, and to tabulate
the cost.
- E. Visit the lunchroom and ask
the dietician to speak on the
price of food.
- F. Make a list of products
purchased by class members
during a school year.
- G. Bring to class different
containers in which food is
packaged. Discuss the
advantages of each method.

DENTAL HEALTH

K-3

I. INTRODUCTION

The teaching of dental health in the primary grades is critical. Good oral health is not only teeth, but smiles, self-concept development, and truly a child's total well being. All are closely related to dental health.

The formative years are crucial times for the development of a child's teeth and jaws. By the time a child is three, he has all of the baby or primary teeth. At the time a child begins school, the permanent teeth are beginning to erupt. This is a continuing process during the early years of school and a constant reminder of the child's relation of self to the maturation process.

The primary teeth are vital to the child's ability to properly chew and begin the digestion of food; to his emotional state—either as a source of pride or embarrassment from his peers; and as a guide to the proper alignment of the following permanent teeth. Additionally, the primary teeth may be sources of pain or infection which could interfere with the ability of the child to perform in other areas of his life.

Children should be taught the importance of visiting the dental office. Almost half the children in the United States under age 15 have never been to a dentist, and for children in rural areas the percentage is even higher.

It is the responsibility of the teacher of dental health to explain the steps necessary for the prevention of oral disease. Over 90 percent of the dental problems experienced by children can be prevented through use of currently available knowledge. The teacher should discuss good oral hygiene, proper diet, and the importance of regular professional care with the students.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades K-3 should:

1. Select practices which lead to good dental health.
2. Distinguish between proper and improper care of teeth.
3. Rank foods which contribute to poor dental health.

4. Select foods which contribute to good dental health.
 5. Appraise safety habits which will help prevent injury.
- B. Immediate objectives
- The students in grades K-3 should:

1. Demonstrate a proper method of cleaning teeth with brush, floss, and disclosing materials.
2. Identify problems which result from neglect of decaying teeth.
3. Recognize foods which contribute to decay.
4. Identify services performed in the dental office.
5. Interpret safety rules which are designed to prevent injury to teeth.

III. CONTENT OUTLINE

A. Proper procedure for cleaning teeth

1. Use of:
 - a) Toothbrush
 - b) Dental floss
 - c) Disclosing tablets or solution
2. When, why, and how to clean teeth

B. Services

1. Dentist
2. School health personnel

C. Foods

1. Detrimental
 - a) Sweets intake between meals should be carefully limited.
2. Beneficial

D. Problems

1. Dental neglect
 - a) Plaque
 - b) Caries
 - c) Malocclusion
 - d) Periodontal disease
2. Poor safety habits

IV. RESOURCES

A. Printed material

1. Books
 - a) Bureau of Dental Health. **A Guide for Teaching Dental Health.** Montgomery: Alabama Department of Public

Health, 1977.

- b) Stoll, Frances A., Catherman, Joan. **Dental Health Education**, 5th Edition. Philadelphia: Lea and Febiger, 1976.

- c) State listed textbooks.

2. Sources for pamphlets and other printed material

- a) Alabama Dental Association
- b) Alabama Department of Public Health
- c) American Dental Association
- d) Encyclopedia Britannica Educational Corporation
- e) National Dairy Council
- f) Bureau of Health Education
- g) National Center for Health Education

3. Periodical

- a) **Family Health Magazine**

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) American Dental Association
- c) Encyclopedia Britannica Educational Corporation
- d) Modern Talking Picture Service, Incorporated

C. Personnel

1. Dentist
2. Dental Hygienist
3. School health personnel

V. ACTIVITIES

- A. Cut pictures of foods from magazines that cause dental decay, and foods that contribute to dental health.
- B. Collect pictures of people with attractive teeth and smiles. These can be made into posters and bulletin board displays.
- C. Demonstrate the proper method for brushing and flossing teeth, using a large tooth model.
- D. Role play a visit to the dentist's office.
- E. Make a list of nutritious foods which can be comfortably eaten when students are in the process of losing or have lost teeth.

ENVIRONMENTAL HEALTH

K-3

I. INTRODUCTION

Air, water, and food are essentials for the maintenance of life. As the population multiplies, the demands for these necessities increase accordingly, a fact which gives the environmental health specialists much cause for concern.

The present day pollution of air, water, and soil by biological, chemical, and physical agents is considered a near national disaster in some areas of the United States. Smoke from industries and homes and fumes from vehicles pollute the air. Sewage and industrial waste flow into rivers, killing fish and other marine life. Health problems associated with such pollution are of major concern.

Why have these problems not been solved? Some progress has been made, but the major inadequacies are educational, legislative, economic, and technological. The improvement of community health can best be accomplished through educational efforts. Environmental health instruction in grades K-3 is vital to the welfare of the nation. Responsible attitudes can here be established toward the preservation of safe air, food, and water.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades K-3 should:

1. Construct basic health habits according to accepted sanitary practices.
2. Evaluate simple environmental conditions in the home, in the school, and in the community, observing cleanliness, orderliness, and safety.
3. Judge the relationship between the qualities of air, water, and food, and the health and welfare of a community.
4. Assess the protective services offered by community agencies which in some way regulate environmental conditions.
5. Determine the individual's obligation to cooperate and participate in promoting,

maintaining, and improving a healthy environment.

B. Immediate objectives

The students in grades K-3 should:

1. Differentiate between personal possessions and the property of others.
2. Contrast appropriate and inappropriate uses of the drinking fountain, lavatory, toilet facilities, and receptacles for trash.
3. Describe a litterbug.
4. Identify agencies which provide environmental health services for the community.
5. Recognize an individual's responsibility for the maintenance of a healthy environment.
6. Interpret the importance of pure air, safe water, clean food, and sanitary services.

III. CONTENT OUTLINE

A. Individual responsibility for a healthy environment

1. Personal responsibility
2. Ways of assuming responsibility

B. Healthful school environment

1. Personal possessions and respect for private property of others
2. Facilities
 - a) Lunchroom
 - b) Restroom
 - c) Storage areas
3. Waste disposal
 - a) Litterbug
 - b) Trash receptacles
4. Considerations for a healthy classroom
 - a) Heating and ventilation
 - b) Lighting
 - c) Seating
 - d) Sanitary conditions

C. Healthful home environment

1. Individual personal responsibility within the home

- a) Personal cleanliness
- b) Personal possessions

2. Housekeeping practices

- a) Storage areas
 - b) Cleaning
3. Considerations for a healthful home environment
 - a) Clothing
 - b) Heating and ventilation
 - c) Lighting

D. Healthful community environment

1. Air, water, food, and sanitation
 - a) Importance of pure air, water, and food
 - b) Sources of unsafe air, water, and food
 - c) Effects of unsafe air, water, and food
2. Dangers and problems
 - a) Pollution
 - b) Noise
 - c) Overpopulation

E. Community helpers

1. Public and civic agencies which provide environmental health services
2. Specific people who provide environmental health services

F. An individual's obligation to promote community health

1. Cooperation
2. Participation
3. Improvement of environmental conditions in the community

IV. RESOURCES

A. Printed material

1. Books

- a) Maddox, John. **The Domesday Syndrome**. New York, McGraw-Hill, 1972.
- b) Odum, E.P. **Fundamentals of Ecology**, 3rd edition. Philadelphia: W.B. Saunders, 1971.
- c) Smith, W.E., and Smith, A.M. **Minamata**. New

York: Holt, Rinehart and Winston, 1975

- d) State listed textbooks
- 2. Sources for pamphlets and other printed materials
 - a) Alabama Department of Public Health
 - b) Alabama Environmental Quality Association
 - c) Department of Health, Education, and Welfare
 - (1) Food and Drug Administration
 - (2) U.S. Public Health Service
 - (3) Environmental Protection Agency
 - (4) Consumer Products Safety Commission
 - d) Superintendent of Documents, U.S. Government Printing Office
- 3. Periodical
 - a) **Family Health Magazine**
- B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) Alabama State Department of Education
- c) Coronet Films

C. Personnel

- 1. Environmentalist
- 2. Public health nurse
- 3. School custodian
- 4. Lunchroom supervisor
- 5. Policeman

V. ACTIVITIES

- A. Model clothing suitable for various environmental conditions.
- B. Place a star on a chart each day the students utilize the proper storage areas without being told.
- C. Tour the school building, noting the drinking fountains, lavatories, toilet areas, lunchroom, and waste receptacles.

- D. Visit the lunchroom, noting the kitchen and serving areas, and make a list of the practices utilized to keep them sanitary.
- E. Choose a helper to assist with the disposal of waste within the classroom.
- F. Select pictures of clean and dirty areas, and determine what is wrong or correct about each picture.
- G. Write and produce a play to illustrate the students' responsibility for the maintenance of a clean, orderly, and comfortable school.
- H. Take a trip around the local community to find evidence of pollution.
- I. Make a poster or bulletin board emphasizing the importance of a clean environment.
- J. Relate the probable effects of water, soil, and air pollution on food production.

FAMILY HEALTH

K-3

I. INTRODUCTION

The K-3 Unit in Family Health is concerned primarily with the development of favorable attitudes and behavior in children toward their roles, rights, and responsibilities within and to the family and community circles.

The important concepts to be learned are those which help the child to understand and appreciate his own family—its inner patterns, and its similarities to and differences from families of other children. The child should understand that different members of a family play different roles and share different responsibilities. He should be aware of the effect of his behavior on other family members and on the interaction of the family as a unit.

The K-3 Unit in Family Health should help the child develop a positive self-concept, as a sexual being with characteristics, interests, behaviors, and responsibilities as a male or female.

Finally, a child's natural curiosity about life can be enhanced by a study of the reproduction of different kinds of living things. Such a study should stimulate a wonder and respect for Nature's plan of procreation.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades K-3 should:

1. Assess the variety of mental, physical, and social activities in which family members participate and discuss how these activities help to maintain and improve health.
2. Analyze similarities and differences among family patterns, and among different members of the same family.
3. Summarize basic differences between boys and girls and formulate respect for the roles of each.
4. Appraise the roles and responsibilities that family members demonstrate in interaction with each other.
5. Formulate judgements about

attitudes and behavior relative to success in solving various family problems.

6. Evaluate the role of heredity and of environment in determining the uniqueness of individual family members.

B. Immediate objectives

The students in grades K-3 should:

1. Identify the roles, rights, and responsibilities of individuals within the family.
2. Distinguish the differences between boys and girls in appearance, interests, and activities.
3. Discuss the fact that all living things come from other living things.
4. Identify the ways in which family members contribute to the health and happiness of other members.
5. Indicate successful and unsuccessful behavior used in coping with various family problems.

III. CONTENT OUTLINE

A. The family

1. The role of the father
 - a) Occupation and home responsibilities
2. The role of the mother
 - a) Occupation and home responsibilities
3. The role of children
 - a) Effects of attitude on family harmony
 - b) Sharing work and fun in the family
4. Pets
 - a) Care of and responsibility for pets

B. The need for a family

1. Parents care for children as they grow
2. Family members care for and assist each other

C. Healthy attitudes and habits of family members

1. Love and respect for other family members

2. Strong members assist the sick, handicapped, aged and the young

3. Positive behavior in problem-solving situations

D. Differences between boys and girls

1. Appearance
2. Behavior
3. Interests and activities
4. Self-awareness

E. Differences between individuals and between families

1. Hereditary influences
2. Environmental influences
3. Socioeconomic influences

F. Living things come from other living things

1. Plants from seeds
2. Animals from fertilized eggs

IV. RESOURCES

A. Printed material

1. Books

- a) AAHPER. **Resources Guide in Sex Education for the Mentally Retarded.** Washington, D.C.: American Alliance for Health, Physical Education and Recreation, 1971.
- b) Child Study Association of American. **What To Tell Children About Sex.** New York: Pocket Books, 1970.
- c) Education U.S.A. and AAHPER. **Sex Education in Schools.** Washington, D.C.: National School Public Relations Association, 1969.
- d) Sex Education Series—**Parents' Responsibility, A Story about You, Approaching Adulthood, Finding Yourself, Facts aren't Enough.** Chicago: American Medical Association.
- e) Hubbard, Charles W., **Family Planning**

Education, St. Louis. C.V. Mosby, 1977.

- i) State listed textbooks
- 2. Sources for pamphlets and other printed material
 - a) American Alliance for Health, Physical Education, and Recreation
 - b) American Association of Sex Educators and Counselors
 - c) American Medical Association
 - d) National Council on Family Relations
- 3. Periodicals
 - a) **Focus on the Family**—E.C. Brown Center for Family Studies
 - b) **Journal of Marriage and the Family**—National Council on Family Relations

c) Family Health Magazine

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) Carousel Films, Inc.
- c) Coronet Films

C. Personnel

- 1. A biology teacher
- 2. A health educator
- 3. Parent with a new baby
- 4. A public health nurse
- 5. A local minister

V. ACTIVITIES

- A. Contrast pictures and stories of what mothers and fathers do.
- B. Make a "Responsibility Book."
- C. Discuss the reasons parents

take their children to have physical examinations and immunizations.

- D. Construct and emulate family roles when a member is cross, happy, sad, or excited.
- E. Draft a story, "I love my—mother, father, sister, or brother."
- F. Make elementary (simplified language) anatomy and physiology presentations. To illustrate use male and female charts and models.
- G. Group the girls together and record the things they like to do. Make a similar list for the boys. Check the similarities and differences.
- H. Structure an experiment to show that all plants grow well only when their needs are met.

MENTAL AND EMOTIONAL HEALTH

K-3

I. INTRODUCTION

The program of mental-emotional health in the elementary grades is geared to helping children understand themselves, to strengthen or modify their self-concept, and to reduce the incidence and seriousness of maladjustment. By the time the child is 9, 10, or 11 years of age, experiences will have a significant effect on determining responses and adjustments to the expectations, stresses, and demands of parents, teachers, and peer groups.

The child's awareness of relationship to the peer group is intensified at this age level, frequently precipitating atypical behavior to impress others to gain recognition and identity. Some children will withdraw and give up the fight, living in a world of their own.

Sound mental health concepts and practices should permeate the entire school guidance and instructional program and not be limited to the suggestions contained in this guide.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grade K-3 should:

1. Develop a wholesome self-concept.
2. Analyze the extent to which environment relates to their emotional health, and explain how various interpersonal reactions and environmental conditions contribute to the quality of their emotional health.
3. Detect the uniqueness of individuals, and explain how personalities differ and expand with experience.
4. Detect the positive role of their family, peers, teachers, neighbors, and health personnel in contributing to their quality of emotional health.
5. Separate good personal habits from poor personal habits, in relation to maintaining good emotional health.
6. Understand that their sex should not be a barrier in achieving anything they have

the physical, mental, and emotional abilities to accomplish.

7. Explain how victory and defeat are a natural part of life, and summarize how appropriate reactions to each can contribute to their emotional maturity.
8. Develop a vocabulary basic to discussing their emotional health.

B. Immediate objectives

The students in grade K-3 should:

1. Recognize that a wholesome self-concept is essential to good emotional health, and cite factors that effect their self concept.
2. Recognize the extent to which environment relates to their emotions, and cite examples of how their physical health, interpersonal relations, environmental conditions, and skills influence their emotional development and well-being.
3. Identify their responsibilities to themselves and others.
4. Cite reasons for acquiring a cheerful attitude at home, at school, and in their community.
5. Recognize and define basic emotions, and cite outlets and reasons for expressing those emotions.
6. Identify the factors relating to self control, and indicate appropriate and inappropriate reactions to situations common to their daily lives.
7. Identify the basic physical, mental, social, and emotional needs that their family meets, appropriate to their level of comprehension, and cite ways in which they can contribute to the happiness of members of their family.
8. Cite ways in which they could demonstrate thoughtfulness and courtesy toward people they contact.

9. Identify the qualities of a good personality.
10. Cite ways in which they can form friendships, and identify the characteristics of a friend.
11. Recognize the importance of cooperating when interacting within a group and associate it with the development of a mature personality.
12. Identify behavior which demonstrates independence and self-confidence, applicable to their daily living, and associate it with the development of a mature personality.
13. Identify the uniqueness of individuals, and indicate the different reasons for liking various people.
14. Cite habits and skills which are appropriate when interacting with others at work or play.
15. Cite means of identifying problems, and recognize appropriate techniques for solving problems which occur in their daily lives.

III. CONTENT OUTLINE

A. Identifying responsibility

1. School and personal property
2. Care of materials
3. Completing tasks

B. Practicing cheerfulness

1. Home
2. School
3. Community

C. Identifying the factors relating to self-control

1. Disappointment reactions
2. Process of adjusting plans
3. Accepting criticism
4. Individual reactions of shyness, crybaby, aggressiveness
5. Anger, jealousy, and fear
6. Characteristics of good behavior

- D. Forming happy family relationships
 - 1. Basic needs supplied by the family
 - 2. Sharing and appreciation within the family
 - 3. Family unity
 - 4. Extending behavior toward family members to peer group relations
- E. Practicing thoughtfulness and courtesy
 - 1. Extending behavior at home to new social situations
 - 2. Qualities of a good personality
 - 3. Making friends
 - 4. Ways to show consideration for others
 - 5. Ways to act in selected situations
- F. Recognizing importance of cooperation
 - 1. Sharing
 - 2. Group procedure
- G. Demonstrating independence and self-confidence
 - 1. Direct own activities
 - 2. Opportunity to carry out task
- H. Evaluating differences among people
 - 1. Traits, actions, and personalities of others
 - 2. Individual selection of activities
- I. Constructing habits of working and playing

- J. Recognizing and solving difficulties
 - 1. Home
 - 2. School
 - 3. Community
- K. Constructing a wholesome self-concept
 - 1. Individual needs
 - 2. Group process

IV. RESOURCES

- A. Printed material
 - 1. Books
 - a) Jones, Kenneth L.; Shainberg, Louis W.; and Byer, Curtis O. **Emotional and Neurological Health**. New York: Harper and Row Publishers, Inc., 1970.
 - b) Only, M. **High: A Farewell to the Pain of Alcoholism**. Englewood Cliffs: Prentice-Hall, Inc. 1974.
 - c) State listed textbooks
 - 2. Sources for pamphlets and other printed materials
 - a) Alabama Association for Mental Health
 - b) American Medical Association
 - c) National Dairy Council
 - d) National Education Association
 - e) National Institute for Mental Health

3. Periodical

Family Health Magazine

B. Audio-visual sources

- 1. Films
 - a) Alabama Association for Mental Health
 - b) Alabama Department of Mental Health
 - c) Coronet Films
 - d) Encyclopedia Britannica Educational Corporation

C. Personnel

- 1. School guidance counselor
- 2. School nurse
- 3. Artist, musician, or parks and recreation director
- 4. Local, private or public, mental health personnel (psychologist, psychiatrist or social worker)

V. ACTIVITIES

- A. Dramatize situations in which anger is a natural reaction; demonstrate how the situations can be controlled.
- B. Discuss the effect of attitudes on school work.
- C. Have a hobby day.
- D. Form a committee to decide on rules for the playground.
- E. Role-play situations at school and home that demonstrate desirable respect for authority.
- F. List some interesting things they have learned about emotions.

NUTRITION

K-3

I. INTRODUCTION

To be most effective, nutrition education should be an ongoing process starting in early childhood and continuing throughout the child's school years. Attitudes and habits learned in early childhood tend to persist throughout life. Since children are not born knowing the foods they need for good nutrition, they must learn how to choose foods and understand that nutrition does make a difference in physical and mental growth, appearance, fitness, prevention of disease, and energy levels.

Nutrition education consists of convincing people that what they eat makes a difference, instructing them in wise choices of food and providing them suitable adult models after whom to pattern their eating behavior. Direct instruction in nutrition should be designed according to the developmental needs and readiness levels of children.

II. OBJECTIVES

A. Long range objectives

The students in grades K-3 will:

1. Develop wholesome attitudes toward personal responsibility for nutrition.
2. Formulate desirable eating habits.
3. Evaluate basic food groups according to their contributions to body growth and development.
4. Recognize the relationship between eating a variety of food daily and good health.

B. Immediate objectives

The students in grades K-3 will:

1. Taste and accept a variety of foods.
2. Illustrate a meal pattern which is well-balanced.
3. Identify foods that are considered good between meal snacks.
4. Recognize the importance of breakfast.
5. Compare the food value of a balanced lunch with a lunch including mostly starches and sweets.

6. Recognize the importance of pleasantness and courtesy at mealtime.
7. Identify eating habits and table manners that are conducive to good digestion and nutrition.
8. Identify sources of a variety of foods as to plant or animal origin.

III. CONTENT OUTLINE

A. Kinds of Foods

1. Milk and milk products
2. Meat, fish, poultry, eggs
3. Fruits and vegetables
4. Whole grain or enriched breads, and cereals

B. Elements in Foods

1. Calories—energy
2. Protein—growth
3. Vitamins
4. Minerals
5. Water

C. Results of good nutrition

1. Strong and healthy bodies
2. Resistance to disease
3. Increased energy
4. Improved appearance

D. Dietary Habits

1. Spacing meals
2. Eating breakfast
3. Choosing good snacks
4. Trying new foods

E. Eating Practices and Table Manners

1. Washing hands before eating
2. Chewing of Food
3. Using eating implements
4. Creating a pleasant atmosphere during meals

F. Proper Care of Food

1. Importance of cleanliness in handling and preparing food
2. Storage of food

G. Sources of Food

1. Plant
2. Animal

IV. RESOURCES

A. Printed Materials

1. Books

- a) Margolius, Sidney. **Health Foods: Facts and Fakes**. New York: Walker Publishing Co., 1973.
 - b) Martin, E.A. **Nutrition in Action**. New York: Holt, Rinehart and Winston, Inc., 1971.
 - c) Williams, Melvin H. **Nutritional Aspects of Human Physical and Athletic Performance**. Springfield: Charles C. Thomas, 1976.
 - d) State listed textbooks
- ### 2. Sources for Pamphlets and Other Printed Material
- a) Bureau of Health Education
 - b) Food and Drug Administration
 - c) National Center for Health Education
 - d) National Dairy Council
 - e) National Education Association
 - f) Superintendent of Documents, U.S. Government Printing Office
 - g) The Food and Nutrition Information and Education Materials Center National Agriculture Library, Room 304, Beltsville, Maryland 20705.
- ### 3. Periodicals
- a) **Journal of Nutrition Education**—Society for Nutrition Education
 - b) **Family Health Magazine**

B. Audio-Visual Sources

1. Films

- a) Alabama Department of Public Health
- b) Association Films
- c) Modern Talking Picture Service
- d) National Dairy Council
- e) Walt Disney

C. Personnel

1. Farmer

2. Dairyman
3. Baker
4. Public Health Nurse
5. Public Health Nutritionist
6. Grocer
7. Parents
8. School Lunch Manager

V. ACTIVITIES

- A. Observe pupil's food habits.

- B. Plan a series of "tasting" parties, emphasizing new foods.

- C. Have a series of breakfast "sampling" parties emphasizing one kind of breakfast food at each party, such as cheese toast, cocoa, hot cereal.

- D. Divide the class into small groups and take turns

assembling suitable snacks attractively.

- E. Draw and color pictures of foods to place in a booklet.
- F. Plan a field trip to a local dairy, bakery, a farmer's market, a farm, or a super market.
- G. Plant seeds and observe their growth.
- H. Discuss the foods that are being served at school.

PERSONAL HEALTH

K-3

I. INTRODUCTION

The ultimate goal of all health teaching should be the attainment of desirable, wholesome, and effective ways of individual living. This can be best accomplished through constant communication between the home, the school, and the community.

Many health habits and attitudes have been formed by the child prior to reaching the K-3 grade level. Those early school years are vital in reinforcing good habits and changing or modifying less desirable ones. The child at five years of age has been exposed to many factors relating to personal health, but in most cases he does not grasp the significance of them in terms of one's own self. Fortunately, nature usually equips the child with a healthy body. How long the body continues to function properly and efficiently depends to a great extent on the general care which the child receives.

Personal health for the K-3 child encompasses what is eaten, how much one exercises, how much one sleeps, personal and environmental cleanliness, and knowledge and practice of those factors in daily living. Personal health depends to a large degree on attitudes and habits, and each child in a sense must be responsible for personal behavior.

The K-3 personal health unit attempts to deal with each child individually and to help each establish a pattern of living based upon individual experience and judgment. This unit strives to stimulate the child to achieve better health habits through the acquisition of health knowledge. Health knowledge does not guarantee good health behavior, but good health behavior is far more likely to continue when it has a scientific basis coupled with an exemplary role practiced by both parent and teacher.

At all ages, the child should seek continually to understand his own health needs in order to adjust to his environment.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades K-3 should:

1. Evaluate behavior patterns

necessary for optimum health.

2. Relate good health practices to personal responsibility.
3. Analyze health regulations and the necessity for working toward their improvement.
4. Assess personal health practices, and the place for work, rest, play, and meals in a healthful life.
5. Appraise the conditions of exposure to disease and infections which are harmful to health.

B. Immediate objectives

The students in grades K-3 should:

1. Determine the ways in which medical and dental services may be wisely used.
2. Contrast popular health beliefs with scientific information.
3. Relate the development of motor skills to fitness and personal health.
4. Associate good health habits with play.
5. Identify scientifically accepted habits of nutrition, relaxation, and play.

III. CONTENT OUTLINE

A. Cleanliness

1. Personal
2. Environmental

B. Nutrition

1. Selection of food
2. Eating
3. Absorption

C. Dental health

1. Hygiene
2. Tooth decay and preventive measures
3. Accidents
4. Proper care of teeth
 - a) Brush
 - b) Floss
 - c) Water pic

D. Prevention and control of disease

1. Causes

2. Prevention

E. Safety

1. Home
2. School
3. Community

F. Senses

1. Five senses
2. Function
3. Care

G. Growth and development

1. Growth process
 - a) Sleep, rest, relaxation
 - b) Exercise and activity
 - c) Emotional changes
 - d) Relationship of diet to growth

IV. RESOURCES

A. Printed material

1. Books

- a) Ensor, Phyllis; Henkel, Barbara; and Means, Richard K. **Personal Health**. Boston: Allyn and Bacon, 1977.
 - b) Read, Donald A. **Looking In: Exploring One's Personal Health Values**. Englewood Cliffs: Prentice-Hall, Inc. 1977.
 - c) Stewart, Charles E., Executive editor, **Life and Health**. New York: Random House, Inc. 1976.
 - d) Williams, Melvin H. **Nutritional Aspects of Human Physical and Athletic Performance**. Springfield: Charles C. Thomas, 1976.
 - e) State listed textbooks.
- ##### 2. Sources for pamphlets and other printed material
- a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health
 - c) American Dental Association
 - d) American Medical Association
 - e) Bureau of Health Education

- f) Consumer Products Safety Commission
 - g) Metropolitan Life Insurance Company
 - h) National Dairy Council
 - i) National Society for the Prevention of Blindness
 - j) Prudential Insurance Company of America
 - k) Superintendent of Documents, U.S. Government Printing Office
3. Periodicals
- a) **Family Health Magazine**
 - b) **Journal of School**

Health

B. Audio-visual sources

- 1. Films
 - a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health

C. Personnel

- 1. Dentist
- 2. School nurse
- 3. Custodian
- 4. Safety patrolman
- 5. Fireman
- 6. Red Cross personnel
- 7. Environmentalist

V. ACTIVITIES

- A. Demonstrate the proper method of washing hands and cleaning nails.
- B. Experiment with two plants to show the importance of having adequate water.
- C. Cut out pictures that show a balanced meal.
- D. Demonstrate the proper way to brush teeth.
- E. Practice simple first aid procedures.
- F. Practice fire drills and/or bad weather drills.
- G. Select proper clothing to be worn in different weather.

PREVENTION AND CONTROL OF DISEASE

K-3

I. INTRODUCTION

Education has the present challenge of helping each child reach maximum potential. In order to accomplish this feat, many childhood diseases must either be controlled or completely eliminated.

The pre-school and early school years are critical years for our youth, as many diseases are found predominately in this age group. Most diseases which attack children can be prevented and controlled. Our public health programs have come a long way in controlling these diseases, but much is dependent upon education of the young children and parents if cooperation to the maximum is to be gained. Many dreaded diseases are presently controlled because of immunization programs. Others could be completely controlled if we could effectively educate the public.

Children should be made aware of how they can protect themselves and others from disease, in order to form habits that are conducive to good health. They should be impressed with the importance of prompt and appropriate medical care for illness.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades K-3 should:

1. Explain factors which contribute to their quality of health and are applicable to their daily living.
2. Develop a vocabulary basic to discussing the prevention and control of disease.
3. Explain basic concepts related to prevention and control of disease.
4. Separate good personal habits from poor personal habits, in relation to prevention and control of disease.
5. Detect the positive role doctors, dentists, and nurses play in contributing to their health.
6. Select ways to protect themselves and others from disease.
7. Formulate the idea that the

quality of their health affects the quality of health of others.

B. Immediate objectives

The students in grades K-3 should:

1. Define basic terms related to the prevention and control of diseases.
2. Recall experiences wherein health personnel made contributions to their health.
3. Identify health personnel who can aid them in maintaining good health.
4. Associate poor health habits with ill health, and associate good health habits with sound health and the absence of disease.
5. Distinguish between the general qualities of good health and poor health.
6. Cite basic measures for prevention of disease which are applicable to their daily living.
7. Identify good personal habits of cleanliness.
8. Cite articles which they should reserve for personal use only.
9. Recognize the importance of participating in immunization programs.
10. Recognize that certain types of illness cannot be spread from one person to another.

III. CONTENT OUTLINE

A. Living a healthful life

1. Personal cleanliness and grooming
2. Exercise, relaxation, rest, and sleep
3. Nutrition and growth
4. Mental-emotional health and growth
5. Prevention of disease
 - a) Health personnel and services
 - b) Health facilities and services
 - c) Healthful personal habits

d) Physical and dental examinations

e) Immunization

6. Control of disease

- a) Individual
- b) Home
- c) School
- d) Community

B. Germ theory

1. Define germs
2. Portals of entry
3. Modes of transmission

C. Types of illnesses

1. Communicable
 - a) Diseases to be considered
 - (1) Common cold
 - (2) Influenza
 - (3) Measles
 - a) Rubella (Red)
 - b) Rubella (German)
 - (4) Mumps
 - (5) Impetigo
 - (6) Streptococcal Infection
 - (7) Pertussis (Whooping Cough)
 - (8) Poliomyelitis
 - (9) Rabies
 - b) Factors to be considered
 - (1) Causes
 - (2) Prevention
 - (3) Medical treatment
 - (4) Home care
2. Noncommunicable
 - a) Causes
 - b) Prevention or risk reduction

D. Means of immunization

1. Avoidance of contact
2. Natural vs acquired methods of immunization
3. Active vs passive forms of immunity
 - a) Primary immunization
 - b) Reinforced or booster doses

E. Preventive Measures

1. Value and schedule of physical examinations
 - a) Youth—yearly

- b) Adults—every six months
- c) When indicated
- 2. Importance of cleanliness
- 3. The avoidance of handling unfamiliar substances
- 4. Importance of consideration of family members and others in times of illness
- 5. Value of reporting to a responsible person when not feeling well
- F. Introduction to major health problems
 - 1. Venereal diseases
 - 2. Tuberculosis
 - 3. Cancer
 - 4. Heart and cerebral disorders
 - 5. Diabetes
 - 6. Others
- G. Health Heroes
 - 1. Marie Curie
 - 2. Alexander Fleming
 - 3. Selman A. Waksman
 - 4. Jonas Salk

IV. RESOURCES

- A. Printed material
 - 1. Books
 - a) Benenson, Abram S.
Control of Communicable

Diseases in Man, 12th ed. Washington, D.C.: The American Public Health Association, 1975.

- b) Henkel, Barbara O.; Means, Richard K.; Sawrey, James M.; and Smolensky, Jack.
Foundations of Health Science, 3rd edition. Boston: Allyn and Bacon, 1977.
- c) State listed textbooks.
- 2. Sources for pamphlets and other printed material
 - a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health
 - c) American Dental Association
 - d) American Medical Association
 - e) Metropolitan Life Insurance Company
 - f) National Dairy Council
 - g) National Society for the Prevention of Blindness
 - h) Prudential Insurance Company of America
 - i) Superintendent of Documents, U.S. Government Printing Office

- 3. Periodicals
 - a) **Family Health Magazine**
 - b) **World Health**

B. Audio-visual sources

- 1. Films
 - a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health
 - c) Alabama State Department of Education

C. Personnel

- 1. Representatives from the local health department
- 2. School dietician
- 3. Representative from a voluntary health agency
- 4. Veterinarian

V. ACTIVITIES

- A. Prepare a health chart.
- B. Make a scrapbook on the subject of communicable disease.
- C. Collect articles concerning disease for the school bulletin board.
- D. Invite a representative from the Department of Public Health to give a report on the incidence of communicable diseases in Alabama for the last reported year.

SAFETY AND ACCIDENT PREVENTION

K-3

I. INTRODUCTION

In view of the complex demands made upon the child in day-to-day interaction with the environment, the need for a comprehensive continuous program of safety education is both urgent and obvious.

The K-3 safety and accident prevention unit should impart knowledge of safety attitudes, safety habits, and safety skills for the formulation of a stable foundation for the future. Proper habits developed early in a child's life can become permanent lifetime habits and result in fewer accidents and less time lost from school or work.

Basic instructional framework for safety in the home, at the school, on the playground, in the water, and in traffic should be included within the safety unit. Opportunities should be provided for the children to participate in a variety of experiences designed to contribute to the development of safety habits and attitudes. The meager time spent in the elementary school safety program may well pay many dividends, not only in lives saved, but in all phases of the students' lives. Much emphasis must be placed on the behavior of the child in the K-3 safety and accident prevention program.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades K-3 should:

1. Select the social adjustments that promote safety in various human relationships.
2. Formulate a positive attitude toward law enforcement agencies and their specific responsibilities for the safety of others.
3. Evaluate information, attitudes, and skills that will be conducive to personal safety.
4. Evaluate skills in analyzing behavior which might affect the safety of self and others.
5. Recommend ways of reducing hazardous situations.
6. Demonstrate wholesome attitudes of self-concept.

B. Immediate objectives

The students in grades K-3 should:

1. Demonstrate an understanding of the meaning of safety.
2. Employ correct safety procedures when using scissors and other sharp objects.
3. Identify the meaning of the different colors of the traffic light.
4. Cite safety rules for each area studied.
5. Demonstrate proper procedures for a fire drill

III. CONTENT OUTLINE

A. Home Safety

1. In the kitchen
 - a) Sharp items
 - b) Electrical appliances
 - c) Hot pots and pans—use pot holders
 - d) Matches
 - e) Broken glasses and dishes
 - f) Report any unusual odor
 - g) Gas appliances
2. In the bathroom
 - a) Medicine cabinet
 - b) Labels on bottles (poison and poison symbols)
 - c) Non-skid mat in bathtub
 - d) Electrical appliances and wet body or floor
 - e) Do not lock bathroom door
3. In the bedroom
 - a) Toys and clothing in proper place
 - b) Playing on bed or furniture
4. In the storage room
 - a) Tools
 - b) Flammable liquids
 - c) Discarded refrigerators
5. In the yard
 - a) Falling electrical wire
 - b) Mowers, rakes, other tools
 - c) Low hanging clotheslines

- d) Stray dogs and other animals
- e) Playing behind parked cars
- f) Home swimming pools
- g) Kite flying (electrical wiring)
- h) Snakes

B. School Safety

1. In the classroom
 - a) Opening and closing doors
 - b) Contact with stoves or radiators
 - c) Opening and closing windows
 - d) Wet or slick floor
 - e) Use of equipment
 - f) Fire or emergency drills
 - g) Feet out of aisles
 - h) Throwing objects
 - i) Sharp objects
2. In the lunchroom
 - a) Keep money and tickets out of mouth
 - b) Carrying trays
 - c) No pushing
3. In the auditorium
 - a) Keep fingers away from moving parts of seat
 - b) Enter and leave in an orderly fashion
4. In the halls
 - a) Walk at all times
 - b) Keep to right
 - c) Watch for opened doors
 - d) Avoid pushing and crowding, especially while person is drinking out of fountain
 - e) Be careful of slippery surfaces
5. In the restroom
 - a) Do not play in restroom
 - b) Report spilled water
 - c) Report accidents
6. On the playground
 - a) Playground equipment—bats, balls, etc.
 - b) Report accidents

- c) Follow directions
- d) Play in assigned areas

C. To and from School

1. Walking to school
 - a) Safe route
 - b) Knowledge of signs and signals
 - c) Strangers
 - d) Crossing the street
2. Passenger in automobile
 - a) Enter curb side only
 - b) Do not enter or leave moving automobile
 - c) Locked doors
 - d) Seat belts
3. On the school bus
 - a) Wait for bus at safe distance from loading area
 - b) Line up six feet from boarding area
 - c) Do not load until door is fully open
 - d) Remain in seat at all times
 - e) Keep hands, arms, and head inside of bus
 - f) Keep noise to minimum
 - g) Obey driver at all times
 - h) Cross street in front of bus, making sure school bus driver can see you

D. Water safety

1. Swimming
 - a) Rules
 - b) Deep water
2. Boating

IV. RESOURCES

A. Printed materials

1. Books
 - a) American National Red Cross. **Standard First Aid and Personal Safety.** Garden City: Doubleday, 1973.
 - b) Thygerson, Alton L. **Accidents and Disasters/Causes and Countermeasures.** Englewood Cliffs: Prentice-Hall, 1977
 - c) State listed textbooks
2. Sources for pamphlets and other printed material
 - a) Alabama Department of Public Health
 - b) American National Red Cross
 - c) Consumer Products Safety Commission
 - d) Food and Drug Administration
 - e) National Commission on Safety Education, NEA
 - f) National Safety Council
 - g) U.S. Public Health Service

B. Audio-visual sources

1. Films
 - a) Alabama Department of Public Health
 - b) Alabama State Department of Education
 - c) Alabama State Department of Public Safety

C. Personnel

1. Fireman
2. Policeman
3. Crossing guard

4. Bus driver
5. Playground director
6. Nurse or first-aid instructor
7. Lawyers, judges, legislators

V. ACTIVITIES

- A. Analyze and interpret school rules as they apply to individuals.
- B. Develop rules for fire safety as a class.
- C. Discuss the danger of playing with matches.
- D. Arrange a bulletin board on school safety.
- E. Demonstrate how wet soap can cause a person to lose his balance.
- F. Discuss the expected behavior of a safety patrol while on duty.
- G. Have the safety patrol captain demonstrate his safety equipment to the class.
- H. Practice leaving and entering the room correctly.
 - I. Demonstrate the proper way to carry a chair.
- J. Learn, discuss, and practice fire drill procedures.
- K. Make a map showing each grade's assigned play area.
- L. Demonstrate the correct procedure for the use of a life preserver.
- M. Make a bulletin board about swimming.
- N. Learn and discuss rules for walking in traffic.
- O. Recite a safety jingle.
- P. Observe law day—May 1.

TOBACCO, ALCOHOL, AND OTHER DRUGS

K-3

I. INTRODUCTION

Research reveals that the most effective teaching method to influence or change health behavior is pupil involvement in investigation and decision-making. Education should be based on facts in order that students of today may make intelligent decisions that are vital to the health and welfare of themselves and the society of which they are a part.

Children in K-3, because of their lack of maturity, are not ready to understand much in the way of abstract principles. The teacher of five-to-eight-year-olds is particularly interested in helping pupils develop desirable health attitudes and practices. The aim of the teacher is to help students understand and accept themselves as people and to feel secure, loved, and wanted. Teachers should provide a classroom atmosphere which promotes freedom and self-expression; two essential ingredients for the inculcation of self confidence and courage, without which the child may not be able to face reality but seek an escape when difficult problems arise.

In education concerning the use of alcohol, tobacco, and other drugs, the concept of personal decision-making is especially important. The use and misuse of these substances must be considered by health educators. Many drugs, for example, are very valuable for health, while others are abused for the thrill or escape they offer. Additionally, some use of alcohol and tobacco has become a sophisticated and socially acceptable custom to most of the adult population.

The student needs to understand the acceptable and unacceptable ways of using drugs so he can make wise decisions concerning drug use. Unfortunately the potential problems involved in the use of alcohol, tobacco, and other drugs have not been clearly impressed on the minds of young people, partly because many adults participate in the misuse of alcohol, tobacco and other drugs knowing what the consequences may be.

This unit is closely related to, and can be a part of, the mental health unit or nutrition unit, or it can be presented separately. Where it is presented, ob-

jectivity is necessary so students will be influenced by their individual investigation and evaluation.

Drug education for very young children can probably be best taught through discussion when questions arise concerning nutrition, good mental health, safety, and the building of a fit body. Such discussion should be handled in a positive manner and without undue emotion. It may be said, therefore, that the primary teacher's basic contributions to drug education is to be found in his attention to the normal development of pupils.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in K-3 should:

1. Specify the uses of alcohol, tobacco, and other drugs.
2. Differentiate between medicinal alcohol and beverage alcohol.
3. Group the beneficial uses of some drugs and the abusive uses of those drugs.
4. Explain the formation of habits.
5. Assess the influence of habits on health.
6. Rank harmful and helpful habits.

B. Immediate objectives

The students in K-3 should:

1. Define habit.
2. Identify the people who can responsibly administer medicine.
3. Identify and promote respect for the law and law enforcement officers.
4. Identify the social offenses of smoking or using alcohol and other drugs.
5. Relate smoking to decreased heart and lung efficiency.
6. Relate beverage alcohol, tobacco, and drugs to muscular and mental control.

III. CONTENT OUTLINE

A. Habits

1. How they are formed

2. How they influence health

B. Tobacco

1. Effect of smoking on health
2. Social offenses of smoking
3. Expense

C. Alcohol

1. Effects on the body
2. Effects on society
3. Use and misuse
4. Expense

D. Other drugs

1. Purpose
2. Over-the-counter and prescription drugs
3. Use and misuse
4. Selection and administration
 - a) Parent
 - b) Doctor
 - c) Expense

IV. RESOURCES

A. Printed material

1. Books

- a) Clarke, Kenneth S., ed. **Drugs and the Coach.** Washington: AAHPER, 1976.
- b) Schaller, Warren, Worick, Wayne W. **Alcohol, Tobacco, and Drugs: Their Use and Abuse.** Englewood Cliffs: Prentice-Hall, Inc. 1977.

c) State listed textbooks

2. Sources for pamphlets and other printed material

- a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health
 - c) Alabama Heart Association
 - d) Alabama State Department of Education, Drug Education
- 3) Alabama Lung Association
 - f) American Cancer Society, Alabama Division
 - g) Metropolitan Life Insurance Company
 - h) National Clearinghouse on Smoking and Health

- i) National Dairy Council
- j) National Institute on Alcohol Abuse and Alcoholism

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) Alabama State Department of Education

- c) Alabama Department of Mental Health

C. Personnel

- 1. State or county health department personnel who work with alcohol, drugs or tobacco
- 2. State Department of Education
- 3. Family doctor
- 4. Police department

representative

- 5. Local druggist

V. ACTIVITIES

- A. Discuss habits and how they are formed.
- B. List some good habits and some harmful habits.
- C. List some practices that may become habits.

OVERVIEW

4-6

Health is accepted as one of the primary goals of education. Today's schools have a tremendous responsibility to society in providing education to all American children and youth. The growth and development of children involve the physical, emotional, social and mental aspects of living. The healthy person is in a state of complete physical, mental, and social well being. Teachers are today more knowledgeable about these phases of living than in the past. Children at this age are developing concepts regarding the quality of life, and are establishing values which will likely govern their health behaviors for a lifetime.

Based on the characteristics and needs of children in grades four through six, teachers have an opportunity to make a tremendous contribution toward the total development of each child. They have a professional responsibility to assist each child in learning health facts which will help to choose behavior wisely. To help each child live more healthfully is a major objective of education.

Some of the characteristics and needs of the child at this level are:

1. Physical. The growth rate is slow and steady, with the girls forging ahead of the boys in height and weight. There is continued small muscle development with corresponding improvement in coordination. The intermediate grade child needs to improve coordination through activities which will develop control, strength, endurance

and skills. Sleep, rest, and well-balanced meals are essential for optimal growth and development. Appetite is good, there is an increased interest in food, and the normal child has boundless energy.

2. Emotional. This age child begins to seek approval of the peer group. Also, a desire to succeed begins to develop. The student is somewhat self-conscious at this age and not too interested in details about sex. This age child needs to be recognized for individual worth, involving a need for self-assurance, affection, encouragement, and to be understood and appreciated. The student is approaching an age which requires reasonable explanations to questions.
3. Social. The child in grades four through six is learning to cooperate, to abide by group decisions, and to contribute to group planning. The student is interested in competitive games, and is becoming more interested in appearance, although friendships are primarily developed with members of one's own sex. This individual needs social approval from peers and adults. The student needs to be given opportunities to

assume responsibilities and make independent decisions. The student can benefit from experiences in getting along with others and in accepting those different from oneself.

4. Intellectual. The child has a wide range of interests. The student is curious and wants to experiment. Goals are immediate. This child likes to talk and express ideas. The student has a high potential for learning in science and related areas. The student demands consistency. The intermediate level student needs experiences which provide opportunities to be challenged, to explore, to plan, to select, and to evaluate. Opportunities for creative self-expression should be provided, although, harmful or undue pressure should be avoided, the student needs opportunities to participate in real-life situations. Above all, the student must begin to accept personal strengths and weaknesses.

The intermediate teacher faces a difficult task. Children at this age are hungry to meet new challenges and to discover new tasks. Productive living requires good health. If the child is to maintain good health, those developmental tasks mentioned above must be met with some degree of accomplishment. The teacher has accepted the challenge and must not fail.

CONSUMER HEALTH

4-6

I. INTRODUCTION

The American public spends several billion dollars yearly on worthless products related to the health and well-being of the individual. Young people need to learn to evaluate the many advertisements utilized to entice the consumer public.

By the time a child enters the fourth grade, parents have usually begun to entrust a limited amount of money to them. How the child spends this money reflects the values held. For example, the child may need to decide whether to spend money for lunch, or to purchase a personal item.

Many of the television advertisements shown on children's programs are geared to encourage the child to influence parents. Children should be provided an opportunity to analyze these advertisements and learn to identify those which are not based on scientific fact. Children can learn to evaluate food advertisements, for example, in terms of what the food contains instead of the super-strength feats the cartoon characters perform after eating the food.

This unit should encourage children to establish consumer practices that are conducive to good health.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Formulate concepts in consumer health which will assist them in the wise selection and utilization of health information, health products, and health services.
2. Evaluate various self-treatment and home cures.
3. Formulate criteria for the selection of qualified medical, dental, and other health services.
4. Develop an objective attitude toward local health agencies and the services they extend.

B. Immediate objectives

The students in grades 4-6 should:

1. Recognize the role of the consumer in our society.
2. Identify qualified health and medical personnel available for particular needs.
3. Relate common misconceptions, superstitions, quackery, and fraud, and examine their relationship to daily living.
4. Define and discuss reliable and unreliable advertising practices.
5. Identify the role and function of the federal, state, local, and private agencies which protect the consumer.
6. Contrast health products and services which contribute to good health.

III. CONTENT OUTLINE

A. What is a consumer?

1. Definition of a consumer (Review)
2. Scope of consumer health (Review)
3. The relationship of the consumer to the American economy

B. Sources of medical, dental, and other health services

1. How to obtain reliable health services
2. Familiar health services
3. Types of doctors
4. Undesirable health practices
 - a) Home cures
 - b) Self-medication
5. The importance of informing an adult when sick or injured

C. Quackery, health superstitions, misconceptions, and frauds

1. Definitions and basic understandings
2. Amount of money spent on unreliable health practices and services

D. Advertising

1. Fact and fallacy
2. Reliable advertising
3. Media utilizing advertising
4. Gimmicks used in advertising

5. Labeling and packaging of food products

E. Agencies for the protection of the consumer

1. Federal Food and Drug Administration
2. Department of Agriculture
3. Post Office
4. Local health departments
5. Private agencies
6. State Office of Consumer Affairs
7. U.S. Consumer Products Safety Commission
8. Voluntary agencies
9. Professional associations

IV. RESOURCES

A. Printed material

1. Books

- a) Haag, Jessie Helen, **Consumer Health: Products and Services**. Philadelphia: Lea and Febiger, 1976.
- b) Editors of Consumer Reports. **The Medicine Show**. Mount Vernon, New York, 1974.
- c) Little, Arthur D. Inc. **A Survey of Consumer Health Education Programs**. Final Report, U.S. Department of H.E.W.
- d) State listed textbooks.

2. Sources for pamphlets and other printed material

- a) Alabama Office of Consumer Affairs
- b) American Cancer Society, Alabama Division
- c) American Medical Association
- d) American Optometric Association
- e) Alabama Lung Association
- f) Consumer Products Safety Commission
- g) Food and Drug Administration
- h) Superintendent of Documents, U.S. Government Printing Office

- i) U.S. Department of Agriculture
- 3. Periodicals
 - a) **American Journal of Public Health**—American Public Health Association
 - b) **Consumers' Report**—Consumer's Union of the United States
 - c) **Family Health Magazine**
- B. Audio-visual sources
 - 1. Films
 - a) Alabama Department of Public Health
 - b) Encyclopaedia Britannica Educational Corporation

- C. Personnel
 - 1. Nurse
 - 2. Supermarket manager
 - 3. Advertising executive
 - 4. Physician
 - 5. A representative from any of the health agencies

V. ACTIVITIES

- A. Role-playing of a visit to the doctor's or dentist's office.
- B. Take a field trip to the local pharmacy to learn about drugs and the role of the pharmacist in dispensing drugs.

- C. Act out television commercials, noting the influences of selected advertisement approaches.
- D. Construct a bulletin board showing reliable and ambiguous advertisements of health services.
- E. Write a short story concerning the parental role in the maintenance of their children's health.
- F. Discuss the role of the various health agencies in the protection of prospective consumers.

DENTAL HEALTH

4-6

I. INTRODUCTION

Dental disease is the almost universal ailment suffered by humans. The most common dental problem of children is tooth decay. Statistics from the American Dental Association state that the average child has three decayed teeth upon entering school, and adds, on the average, one new cavity to that total yearly on through age 16. Currently tooth decay is progressing at a faster rate than it is being treated. Clearly, preventive practices available to the general public are being poorly used. Young people, especially, believe their bodies and teeth will last forever with little or no care. This is a bad assumption, as most adults realize after they have passed the stage where a little prevention could pay such big dividends.

Habits and patterns of living developed in early youth set the stage for what happens in the oral health of an individual. Probably few, if any other parts of our bodies, would show beneficial changes as would our oral cavities when prevention rather than neglect sets the pace.

The child entering fourth grade is usually developing a strong consciousness of smile, teeth, and total appearance. The influence of a highly motivated teacher can have a lasting effect on the health patterns a child develops.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Select proper habits conducive to good dental health.
2. Analyze reasons for recommended dental health practices.
3. Demonstrate an interest in personal and family dental health.
4. Examine the causes of periodontal diseases and abnormalities.
5. Assess various ways in which accidental injury to teeth can be prevented.

B. Immediate objectives

The students in grades 4-6 should:

1. Recognize factors contributing to dental caries.
2. Cite health practices conducive to good dental health.
3. Identify characteristics of periodontal diseases.
4. Discuss causes of poor dental health other than periodontal diseases.
5. Describe the effect fluoride has on the teeth.
6. Identify the types of teeth and their functions.
7. Identify the internal and external parts of the tooth.

III. CONTENT OUTLINE

A. Dental Health

1. Diet
 - a) Sweets should be eaten only with meals
 - b) Substitution of other foods for sweets
2. Dental Office
 - a) Dentist
 - b) Dental Hygienist
 - c) Dental Assistant
3. Selection of cleaning agents and proper usage of toothbrush, dental floss, and disclosing materials

B. Effect of poor dental health

1. Caries
2. Periodontal diseases
 - a) Gingivitis
 - b) Periodontitis
3. Abnormalities
 - a) Malocclusion
 - b) Congenital missing teeth
 - c) Abscess
 - d) Dental fluorosis (mottled enamel)

C. Types of permanent teeth and their functions

1. Types
 - a) Incisors
 - b) Cuspids
 - c) Bicuspids

- d) Molars
2. Functions
 - a) Chewing
 - b) Speech
 - c) Appearance
 - D External and internal parts of the tooth
 1. External
 2. Internal
 - E. Accidental injury to teeth
 1. Home
 2. School
 - F. Fluorides
 1. Method
 2. Effects
 - a) Community
 - b) Personal—fluoride toothpaste and other topical agents

IV. RESOURCES

A. Printed material

1. Books
 - a) Bureau of Dental Health. **A Guide for Teaching Dental Health.** Montgomery: Alabama Department of Public Health, 1977
 - b) Stoll, Frances A., Catherman, Joan. **Dental Health Education.** 5th edition. Philadelphia: Lea and Febiger, 1976.
 - c) State listed textbooks.
2. Sources for pamphlets and other printed material
 - a) Alabama Dental Association
 - b) Alabama Department of Public Health
 - c) American Dental Association
 - d) Bureau of Health Education
 - e) Department of Health, Education and Welfare
 - f) Encyclopedia Britannica Educational Corporation
 - g) National Dairy Council
3. Periodicals

a) **Journal of the American Dental Association—American Dental Association**

b) **Family Health Magazine**

c) **Journal of School Health**

B. Audio-visual sources

1. Films

a) Alabama Department of Public Health

b) American Dental Association

c) Encyclopedia Britannica Educational Corporation

d) Modern Talking Pictures Service, Inc.

e) Walt Disney Productions

C. Personnel

1. Dentist

2. Dental Hygienist

3. Dental bureau of local or state health department

V. ACTIVITIES

A. Have demonstrations with oral hygiene devices, such as dental floss, manual and electric toothbrushes, and irrigation devices.

B. Have a child who has visited the dentist for a "Prophylaxis" give a description of the visit.

C. Make a dental health exhibit contrasting decay producing foods with those promoting good dental health.

D. Compare different commercial dentifrices, discarding those containing fluorides.

E. Observe x-rays which show hidden cavities.

F. Make a drawing, labeling each layer of the tooth.

G. Study slides, films, pictures and wall charts of a tooth.

H. Model a tooth from clay or carve one from soap.

ENVIRONMENTAL HEALTH

4-6

I. INTRODUCTION

An individual can reflect the health environment of a community. Clean air, safe water, and pure food are individual and community needs, and meeting these needs is presenting pressing problems in the rapidly expanding industrial society of today.

Society faces many environmental problems such as: (1) pollution of air, water, and soil, (2) diseases resulting from unhealthy living conditions, (3) unsatisfactory slaughtering and processing operations for meat and poultry, and (4) unsanitary garbage and refuse disposal in the urban and rural areas.

Present environmental conditions in the State of Alabama can be improved if the citizens become increasingly aware of the state of the environment and its effect on health and happiness. One basic challenge for education is to assist the citizens to realize that their actions affect health conditions in a community. Persons educated in basic environmental health factors are more likely to make wise decisions related to the health and welfare of the people. It is imperative that the understandings needed for wise decision-making be acquired in the formative years.

The unit on environmental health should provide opportunities for the child to acquire a knowledgeable basis for sound lifetime habits and the formation of attitudes which result in the acceptance of basic responsibility for the quality of the environment.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Analyze the nature of a healthy environment.
2. Evaluate the importance of a healthy environment.
3. Recommend measures for the improvement of specific environmental health problems which they can identify and understand.
4. Create an awareness of the individual's responsibilities within the community to improve the total living conditions.

5. Rank the responsibilities of private and civic agencies which help protect the environment.
- B. Immediate objectives
The students in grades 4-6 should:
 1. Identify the sources and major usage of water.
 2. Describe the natural purification of water.
 3. Recognize the major sources of air, water, and soil pollution within the school, home, and community.
 4. Cite the major methods of individual and community trash disposal.
 5. Associate proper sanitation methods with healthful living.
 6. Identify problems associated with a changing environment.
 7. Interpret the major effects of air, water, and soil pollution on the nation and world.

III. CONTENT OUTLINE

- A. Clean air and water
 1. Sources
 2. Uses
 - a) Home
 - b) Community
 - c) Industrial
 - d) Recreational
- B. Sources, community effects, and solution of pollution problems
 1. Air
 2. Water
 3. Soil
 4. Noise
- C. Sanitation of general waste
 1. Sewage
 - a) Industrial
 - b) Residential
 2. Garbage and trash
 - a) Individual
 - b) Community
- D. Issues associated with the changing environment
 1. Space
 2. Noise

3. Population explosion
4. Water
5. Economic
6. Recycling
7. Food production
- E. Agencies which help protect the environment
 1. Governmental
 2. Private

IV. RESOURCES

A. Printed material

1. Books

- a) AAHPER and NEA. **Man and His Environment: An Introduction to Using Environmental Study Areas.** Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1970.
 - b) Johnson, Warren. **Health in Action.** New York: Holt, Rinehart and Winston, 1977.
 - c) Newton, David F. **Elements of Environmental Health.** Columbus: Charles E. Merrill, 1974.
 - d) Taub, Harold G. **Keeping Healthy in a Polluted World.** Atlanta: Harper and Row, 1974.
 - e) State listed textbooks.
2. Sources for pamphlets and other printed material
 - a) Alabama Department of Public Health
 - b) Department of Health, Education, and Welfare
 - 1) Consumer Products Safety Commission
 - 2) Food and Drug Administration
 - 3) U.S. Public Health Service
 - c) Alabama Environmental Quality Association
 3. Periodicals
 - a) **Family Health Magazine**
 - b) **Health Education**

c) World Health

B Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) Alabama State Department of Education
- c) Alabama Environmental Quality Association

C. Personnel

- 1. Pollution expert
- 2. Conservationist
- 3. Representative from the local water department or sewage department
- 4. County agent

V. ACTIVITIES

- A. Plot the water cycle in nature
- B. Cite specific conditions in the local community or state that could contribute to pollution.
- C. Discuss the future effects of pollution on individuals, recreational facilities, and wildlife.
- D. Examine current magazine articles concerning the pollution problems.
- E. Indicate and discuss the specific responsibilities of agencies and individuals which assist in the maintenance of a clean and

safe environment.

- F. Participate in a clean-up campaign for the school neighborhood.
- G. Take a field trip to the local water plant or the sewage plant.
- H. Write a short story concerning individual responsibility for the maintenance of a healthy environment.
- I. Compile a list of possible pollution sources that could endanger vegetable and milk production.

FAMILY HEALTH

4-6

I. INTRODUCTION

The family is a fundamental institution and the basic unit of our society. It is the matrix for growth toward physical, emotional, and social maturity. There is an urgent need to discover better ways to help children develop positive attitudes toward family relationships and responsibilities.

Although beginning instruction in family living is best provided by parents, the school has a reinforcing role to play. The unit in Family Health Education should be designed to contribute to the student's development of a positive self-concept which includes an appropriate sex role. It should be structured to enhance the student's understanding of himself as a worthy family and community member.

Socio-economic factors have an enormous influence on a child's interpretation and understanding. A unit in family health should be taught with an empathetic awareness of these influences.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Analyze the difference in families and the roles and responsibilities that family members demonstrate in interaction with each other.
2. Assess the basic differences between boys and girls, particularly the sexual nature of the male and female as an aspect of personality and as a means for reproduction.
3. Infer that the uniqueness of individual family members is an interaction of heredity and environment.
4. Evaluate socially acceptable behavior with members of the opposite sex.
5. Determine the reproduction cycle of humans and other animals.
6. Formulate judgments on family activities with consideration of the needs and feelings of other family members.

7. Analyze the interdependence of the family and the community.

B. Immediate objectives

The students in grades 4-6 should:

1. Recognize relationships within a family that influence the degree of health and happiness of all members.
2. Interpret the role of the individual and of the family in maintaining community health.
3. Identify the interests and behaviors that are generally attributed to the male and those that are generally attributed to the female.
4. Contrast behavior which contributes to family harmony with behavior that has a negative effect on harmony.
5. Identify the responsibilities of the individual and the family to the community.
6. Identify the responsibilities and contributions of the community to the family.

III. CONTENT OUTLINE

A. Need for a family

1. Reproduction and care of animals
 - a) Animals reproduce from eggs outside the body
 - b) Animals reproduce from eggs inside the body
 - c) Every animal must have a mother and a father
 - d) Animals feed their babies in different ways
 - (1) Some animals bring food to their young
 - (2) Mammals breast-feed their young
2. Reproduction and care of humans
 - a) People reproduce from eggs within the body
 - b) Every child must have a mother and a father
 - c) Human families love and care for their babies

- d) Human babies grow and develop more slowly than other animal babies

B. Patterns of growth and development in boys and girls

1. Approaching puberty
2. Appearance, behavior, and interests of boys and girls
 - a) Family influence
 - b) Peer influence
 - c) Societal influence
3. Development of a positive self-concept in the sexual role for social and family interaction

C. Family relationships

1. Rights, roles, and responsibilities of members
2. Respect and acceptance for the uniqueness of each individual
 - a) Differences in physical abilities, mental abilities, and personalities
 - b) The handicapped, aged, and very young
3. Behavior which enhances harmony in the family and community
 - a) Respect for others' rights and responsibilities
 - b) Sharing possessions, responsibilities, and self
 - c) Expressing feelings in positive ways
 - d) Understanding application of constructive problem-solving techniques
4. Family recreation
 - a) Democratic planning
 - b) Consideration of Socio-economic differences

D. Families in the community

1. Similarities and differences in families
2. Roles of adults in the community
3. Role of children in the community
4. Community contributions to the family

IV. RESOURCES

A. Printed material

1. Books

- a) **AAHPER. Resource Guide in Sex Education for the Mentally Retarded.** Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1971.

- b) Hubbard, Charles W., **Family Planning Education.** St. Louis: C. V. Mosby Company, 1977.

- c) Sex Education Series—**Parents Responsibility; A Story About You, Approaching Adulthood, Finding Yourself, Facts Aren't Enough.** Chicago: American Medical Association

- d) 1) State listed textbooks

2. Sources for pamphlets and other printed material

- a) American Alliance for Health, Physical Education, and Recreation
- b) American Association of Sex Educators and Counselors

- c) American Medical Association

- d) National Council on Family Relations

- e) SIECUS—Sex Information and Education Council of the United States.

3. Periodicals

- a) **Family Health Magazine**

- b) **Focus on the Family—**E.C. Brown Center for Family Studies

- c) **Journal of Marriage and the Family—**National Council on Family Relations

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) Carousel Films, Inc.
- c) McGraw-Hill Book Company

C. Personnel

- 1. Veterinarian
- 2. Botanist
- 3. Health educator
- 4. Public health nurse
- 5. Local minister

V. ACTIVITIES

- A. Identify reproduction terms in plants, animals, and humans.

- B. Draw a family tree.

- C. Read stories of the famous handicapped people and discuss the uniqueness of each human being.

- D. List daily chores in the home; identify everyone's responsibility for accepting different chores at different times.

- E. Discuss rules of courtesy. Draft a code of behavior.

- F. Use role-playing to demonstrate lack of respect.

- G. Discuss ways to make a new student feel welcome in class.

- H. Design a personal budget in consideration of the family budget.

- I. Collect newspaper articles and pictures identifying community health problems and discuss ways in which the family might make worthwhile contributions.

- J. Discuss man as a sexual being with needs, fears, and responsibility.

MENTAL AND EMOTIONAL HEALTH

4-6

I. INTRODUCTION

Many people regard mental illness as being the most significant health problem in the United States. In the past, concern with mental illness has been limited to those people who were confined to mental institutions. However, today more stress is being placed on prevention of mental illness. Professional treatment from outpatient clinics and more educational counseling is now available throughout the State. Even with these advances the general public remains poorly informed about the facts relating to mental illness.

Mental health education is a part of comprehensive health education, and it must be an integral part of the health education process from its inception. The elementary grades must contain mental health education components for it is in this highly impressionable period that the student forms basic methodology for problem solving and learns coping skills.

Health educators can be a potent force in the guidance and maintenance of students' emotional well-being by providing an **exemplary role**, and by creating opportunities for student interactions where good and bad responses can be analyzed and discussed in an objective learning atmosphere.

Students in grade four through six have many emotional adjustment problems. They are concerned, for example, about their physical appearance and their acceptance by their peers. We must not only help the child adjust to these immediate problems, but also help the child establish successful procedures for solving problems throughout his life.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Summarize their conclusions as to how their abilities, appearance, and social skills compare with members of their peer group.
2. Analyze their responsibilities to themselves and others.

3. Infer that ethical conduct is interrelated with friendship and responsibility.
4. Summarize the socially acceptable behavior expected in various situations in their daily lives.
5. Analyze their reasons for making certain choices.
6. Summarize their contributions to their family, peers, friends, and neighbors.
7. Explain the contribution of various forms of recreation to emotional health.
8. Explain how traditional sex roles have limited their behavior and channeled their contributions to society.
9. Expand their vocabulary related to emotional health.

B. Immediate objectives

The students in grades 4-6 should:

1. Identify and discuss factors which they consider when comparing themselves to their peers.
2. Cite their responsibilities for their dress and grooming.
3. Identify and discuss ways to demonstrate the qualities of honesty, loyalty, compassion, justice, equality of opportunity, and individual freedom, and relate these qualities to friendship and responsibility.
4. Distinguish between mature and immature emotional behavior in various situations, and relate it to self-control.
5. Cite criteria that can aid them in making wise choices.
6. Identify and discuss ways in which they can help others.
7. Cite and discuss reasons for learning to express their emotions through writing, drawing, music and other arts.
8. Identify and discuss rules and regulations which were established to insure fairness

for all, or to guard the safety of all.

9. Cite and discuss reasons for controlling their behavior at home, at school, and in the community.
10. Distinguish between behavior and emotions appropriate for members of their sex and that which is appropriate for members of the opposite sex.
11. Define terms related to emotional health.
12. Learn acceptable physical outlets for releasing pent-up emotions.

III. CONTENT OUTLINE

A. Self concept and relationships to others

1. Basic needs
2. Uniqueness of individuals
3. Total growth and development at this age
4. Heredity and environment
5. Personal appearance, dress, and grooming
6. Confidence in abilities
7. Social maturity-ethics, freedom from prejudices, success in interpersonal relationships

B. Characteristics of emotional maturity

1. Self-control
2. Realistic expectations and goals
3. Good judgment in choices
4. Reasonably relaxed and confident
5. Consideration for others
6. Reasonably independent
7. Respect for the rights of others—sense of fair play
8. Making friends and being a friend
9. Able to express desirable emotions
10. Constructive behavior; concern for property and feelings of others
11. Develop talents and competencies

12. Use socially accepted outlets for frustrations, anxieties, and tensions

C. Avoiding and solving problems

1. Facing fears and frustrations
2. Following rules and regulations
3. Respecting authority at home, at school, and in the community
4. Controlling emotions
5. Behaving properly at home, at school, and in the community
6. Learning recreational activities you can play or do with others
7. Being a good sport—honest, fair and courteous
8. Performing responsibilities at home, at school, and in the community

IV. RESOURCES

A. Printed material

1. Books

- a) Haro, Michael. **Explorations in Personal Health**. Atlanta: Houghton-Mifflin Company, 1977.
- b) McCary, J.L. **Human Sexuality**, 2nd ed. New York: Van Nostrand, 1973.
- c) Reed, Donald A. **Looking In: Exploring One's**

Personal Health Values.
Englewood Cliffs: Prentice Hall, 1977.

d) State listed textbooks

2. Sources for pamphlets and other printed materials

- a) Alabama Association for Mental Health
- b) Alabama Department of Mental Health
- c) American Medical Association
- d) National Education Association
- e) National Institute for Mental Health

3. Periodicals

- a) **Family Health Magazine**
- b) **Health Education**
- c) **World Health**

B. Audio-visual sources

1. Films

- a) Alabama Association for Mental Health
- b) Alabama Department of Mental Health
- c) American Medical Association

C. Personnel

1. Physician
2. Guidance counselor
3. Psychologist
4. Nurse

5. Artist

6. Social worker

V. ACTIVITIES

- A. Have different students assume leadership roles (classroom, playground, lunchroom activities) according to ability and as teacher sees need.
- B. Make tapes and listen to reactions to different emotions.
- C. Have a hobby day and a play day; discuss the values.
- D. Practice introducing self, friends, and relatives.
- E. Have a question-answer period on parent-child relationships and pupil-pupil planning.
- F. Demonstrate positive and constructive things to do in a frustrating experience.
- G. List areas of living where they succeed and where they have weaknesses; the teacher may then inject in due time ideas to help children adjust.
- H. Select a problem and let students outline the best steps for solving it.
- I. Construct charts on different characteristics of people.

NUTRITION

4-6

I. INTRODUCTION

Children in public and private schools represent a significant portion of our population in their habit-forming and impressionable years, and many of them hold harmful misconceptions about nutrition. It is important that health educators reach these young people early with nutrition education to lay the foundation for good nutrition practices.

Slipcevic and Creswell had this to say about food selection and nutrition:

"Food is basic to life. Selection of foods and eating patterns help determine nutritional balance which in turn influences growth and development and well-being. In addition to physiological needs, food selection and patterns of eating serve social and psychological functions in daily life. Conversely, family income, peer group pressure, body size, food preferences, attitudes, ethnic background, and similar conditions relate to nutritional choices. The description of the concept gives recognition to the fact that 'nutrition' is much more than a matter of satisfying a basic physiological need and goes beyond the concepts of a balance between calorie intake and energy expenditure."¹

The commitment of nutrition education was clearly set forth by the Health Education Division Curriculum Commission of the American Association of Health, Physical Education, and Recreation:

"With the varied and abundant food supply in the United States, good nutrition is largely a matter of food selection. Nutritionally poor diets in the United States, except in the pocket areas, continue to be largely the result of ignorance or indifference rather than unavailability of necessary food. Nutrition education, therefore, deals chiefly with patterns of food selection—evaluating them, helping to establish good patterns and improve poor ones. The obligations go far beyond correcting undesirable eating patterns. Per-

petuating and strengthening good eating patterns wherever they exist is the greatest commitment of nutrition education."²

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

Students in grades 4-6 should:

1. Evaluate different foods according to their nutritional value and suitability for individual needs.
2. Explain how food selections and eating patterns are influenced by physical, mental, social, economic, and cultural factors.
3. Recognize the reasons for eating: enjoyment, physiological and psychological needs, hunger, or appetite.
4. Determine the importance of a well-balanced diet.
5. Appraise good eating habits.
6. Accept that nutrition is an individual responsibility.

B. Immediate objectives

The students in grades 4-6 should:

1. Relate nutrition to the efficient functioning of the body.
2. Identify the four food groups and minimum daily requirements needed from each one.
3. List the basic vitamins and identify a source for each one.
4. Name the basic minerals that are essential and cite a food source for each.
5. Recognize the causes and effects of malnourishment: deficient nutrient intake and calorie imbalance.
6. Explain the relationship

between improper diet and resistance to disease.

7. Identify nutritional factors which influence healthy growth and development.

III. CONTENT OUTLINE

A. Digestive process

1. Digestion
2. Absorption
3. Metabolism

B. Structure and function of the digestive system

1. Mouth
 - a) Teeth
 - b) Salivary glands
2. Esophagus
3. Stomach
4. Intestines
 - a) Small
 - b) Large

C. Four basic food groups—recommended daily allowances (RDA)

1. Meat and Meat Alternate—2 servings
2. Fruits and Vegetables—4 servings
3. Bread and Cereals—4 servings
4. Milk and Milk Products—3 to 4 servings

D. Classification of food nutrients—use in the body, RDA, and sources of each and effects of inadequate intake

1. Calories
 - a) Protein
 - b) Carbohydrate
 - c) Fat
2. Minerals
 - a) Calcium
 - b) Iron
 - c) Iodine
3. Vitamins
 - a) Vitamin A
 - b) Vitamin B
 - c) Vitamin C
 - d) Vitamin D
4. Water
5. Bulk

¹Elena M. Slipcevic and William H. Creswell, Jr., "A Conceptual Approach to Health Education: Implications for Nutritional Education," *American Journal of Public Health*, LVIII (April, 1968), pp. 584-585.

²American Association of Health, Physical Education, and Recreation, Health Education Division Curriculum Commission, *Health Concepts—Guides for Health Education* (Washington: NEA Publications, 1967), p. 43.

E. Food habits

1. Economic influences
2. Social and cultural influences

F. Diet and weight control

1. Importance of weight control
2. Relationships between the diet and body weight
3. Other factors which influence body weight

IV. RESOURCES

A. Printed material

1. Books

- a) Mayer, Jean. **Human Nutrition: Its Physiological, Medical and Social Aspects.** Springfield: Charles C. Thomas, 1974.

- b) Williams, Melvin H. **Nutritional Aspects of Human Physical and Athletic Performance.** Springfield: Charles C. Thomas, 1976.

c) State listed textbooks

2. Sources For Pamphlets and Other Printed Material

- a) Consumer Products Safety Commission
- b) Food and Drug Administration

c) Kellogg Company

d) National Dairy Council

e) National Education Association

f) Superintendent of Documents, U.S. Government Printing Office

g) The Food and Nutrition Information and Education Materials Center National Agriculture Library, Room 304, Beltsville, Maryland 20705.

3. Periodicals

- a) **Journal of Nutrition Education**—Society for Nutrition Education
- b) **Family Health Magazine**

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) Association Films
- c) Encyclopedia Britannica Education Corporation
- d) Modern Talking Picture Service
- e) National Dairy Council
- f) Walt Disney Educational Media Co.

C. Personnel

1. Dietician or Nutritionist

2. Home economics teacher

3. Grocer

V. ACTIVITIES

- A. Keep an individual record of foods consumed in a three-day period and evaluate the records in order to differentiate between a satisfactory diet and an unsatisfactory diet.

- B. Keep a record of all beverages that are consumed for a three-day period and analyze their nutritional value.

- C. Plan a menu for breakfast, lunch, and dinner, including foods from the basic four food groups in each menu.

- D. Plan a fruit concession at the break period and represent a variety of foods.

- E. Decorate a bulletin board for each of the following: breakfast, snack, lunch, and dinner.

- F. Arrange field trips to a wholesale market, packing establishment, farm.

- G. Classify a list of 30 foods according to the basic four food groups.

- H. Participate in a shopping trip with emphasis on buying for freshness, variety, and nutritional value.

PERSONAL HEALTH

4-6

I. INTRODUCTION

In teaching personal health to children in grades 4-6, the teacher should take advantage of the natural curiosity of this age. This unit suggests activities designed for instruction in body structure, body systems, body care, grooming and growth variance. This is one of the most challenging stages of a child's life since it is a time when one moves from one stage of physical development to another with an awareness of the change.

The teacher should be cognizant that certain systems mature during the ages 9-12. Discussions about personal health are extremely important in classroom situations, and can contribute significantly to the development of desirable personal health practices.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Explain the anatomy and function of body organs and systems.
2. Assess growth and development as an uneven process.
3. Build personal and social attitudes that insure pleasant human relationships.
4. Formulate positive self-concepts.
5. Appraise personal health habits that should improve personal appearance.
6. Judge the proper balance between activity, rest and diet.
7. Relate parental guidance to optimum personal health.

B. Immediate objectives

The students in grades 4-6 should:

1. Discuss the function of different body parts.
2. Recognize the growth patterns of females and males.
3. Describe the body systems and functions.
4. Discuss standards of body

cleanliness and good grooming.

5. Recognize the need for balance in sleep, rest, activity, and relaxation.
6. Compare the normal and abnormal development of tooth and gum structure.
7. Identify and select foods from the four basic food groups.

III. CONTENT OUTLINE

A. Environment

1. Temperature
2. Ventilation
3. Light
4. Seating
5. Cleanliness
6. Sanitation
7. Pollution (water, air, soil, noise, garbage)

B. Cleanliness and grooming

1. Clothing
2. Proper care of hair, skin, and nails
3. Self-confidence instilled by good grooming

C. Foods and nutrition

1. Basic foods
2. Eating habits
3. Table manners

D. Physical activity and rest

1. Personal awareness of health and well being
2. Developmental activities
3. Recreational activities

E. Disease prevention and control

1. Bacteria, germs, and viruses
2. Physical examinations and immunizations
3. Treatment and care

F. Care of body

1. Drug abuse
2. Moderation in all areas of living

G. Physical growth and development

1. Growth problems
2. Maturation

H. Mental and social health

1. Positive self-concepts

2. Ability to get along with others

I. Safety and first-aid

1. Home
2. School
3. Community

J. Family health

1. Personal responsibility
2. Community

IV. RESOURCES

A. Printed material

1. Books

- a) Beyner, Mary K.; Cushman, Wesley P.; Kaplan, Robert and Solleder, Marian K. **Positive Health: Design for Action.** Philadelphia: Lea and Febiger, 1977.

- b) Ensor, Phyllis; Henkel, Barbara O.; and Means, Richard K. **Personal Health.** Boston: Allyn and Bacon, 1977.

- c) Read, Donald A. **Looking In: Exploring One's Personal Health.** Englewood Cliffs: Prentice-Hall, Inc. 1977.

- d) State listed textbooks

2. Sources for pamphlets and other printed material

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) American Dental Association
- d) American Medical Association
- e) Bureau of Health Education
- f) Metropolitan Life Insurance Company
- g) National Center for Health Education
- h) National Dairy Council
- i) National Safety Council
- j) National Society for the Prevention of Blindness
- k) Prudential Insurance Company of America

- l) Superintendent of Documents, U.S. Government Printing Office.
- 3. Periodicals
 - a) **Family Health Magazine**
 - b) **Health Education**
 - c) **Journal of School Health**
- B. Audio-visual sources
 - 1. Films
 - a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health
 - c) Alabama State Department of Education

- C. Personnel
 - 1. Doctor
 - 2. Safety patrolman
 - 3. Park director
 - 4. Nurse
 - 5. Nutritionist
 - 6. Local health agencies (Red Cross, Lung Association, Cancer, Heart, and Public Health Associations)

V. ACTIVITIES

- A. Use models of body organs and systems to learn body structure and function.
- B. List reasons for variation in hair color and body structure.

- C. Discuss how a cut heals through the growth of new cells.
- D. Prepare reports on the discoveries of miracle drugs, and discuss their contributions.
- E. Study growth charts of boys and girls.
- F. Compare heart beat after strenuous activity and after periods of rest.
- G. Record personal eating habits.
- H. Discuss public health laws relative to pollution and immunization.

PREVENTION AND CONTROL OF DISEASE

4-6

I. INTRODUCTION

The purpose of this unit is to give the children pertinent information about the causes, effects, and prevention of diseases so that they may develop positive attitudes and interests toward health. They also need to realize that knowledge of diseases may serve as protection.

There has been a substantial reduction in the number of cases of certain diseases—polio, smallpox, diphtheria, scarlet fever, measles, whooping cough, and other contagious diseases. It is imperative that the gains made on these fronts be sustained. Good health practices, responsibility for personal health, and concern for the health of others provide the means to achieve this end.

The grade 4-6 student is a very active individual and will sometimes overtax the body physically, emotionally and socially. An adequate knowledge of diseases and their prevention, along with appropriate health habits, could well be disease preventatives. The child's understanding of the possibility of disease may alter personal habits in such a way that it will promote better health, and at the same time prevent some of the childhood diseases prevalent at this age.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Explain factors which contribute to the quality of their health and are applicable to their daily living.
2. Develop a widened range of vocabulary basic to discussing the prevention and control of disease.
3. Specify the characteristics of a healthful school and home environment.
4. Summarize procedures for the prevention and control of disease.
5. Explain the value of each pupil securing and maintaining optimal health.
6. Formulate the idea that the

spread of disease is inter-related with man and his environment.

7. Infer that interest in and support of community, national, and international health programs is a responsibility of each student.
8. Summarize the significant contributions of researchers to the prevention and control of disease.
9. Separate and summarize the function of various local health personnel.

B. Immediate objectives

The students in grades 4-6 should:

1. Recognize and discuss factors which contribute to the quality of their health, and are applicable to their daily living.
2. Recognize that physical, mental, social, and emotional growth combine to produce total health.
3. Define and use correctly basic terms related to diseases.
4. Discuss the concept of disease causing organisms, and their relationship to man and his environment.
5. Cite preventive measures for specific diseases which are applicable to their daily living.
6. Identify and describe the communicable diseases which are most prevalent in their community.
7. Distinguish between diseases which can be prevented or controlled by immunization and those which cannot.
8. Recognize that certain diseases develop as a result of a specific body dysfunction and cannot be transmitted from one person to another.
9. Interpret information concerning major health problems.

10. Identify disease causing agents in their environment which could affect their health.
11. Identify scientists and discuss the contributions of their research to man's prevention and control of disease.
12. Identify specific health personnel at the local level and discuss the services they render.

III. CONTENT OUTLINE

A. Germs

1. Meaning of germs
2. Habitat and transmission of germs
 - a) Unclean homes
 - b) Unclean stores and restaurants
 - c) Use of others' cups, glasses, or straws
 - d) Flies, mosquitoes, rodents
 - e) Coughing and sneezing
3. Germs—unseen enemies
4. Ways to prevent disease germs

B. Colds—preventive measures

1. Confinement at home
2. Avoidance of persons
3. Appropriate dress
4. Supply and disposal of tissues
5. Proper diet
6. Sufficient sleep and rest
7. Adequate sunshine and fresh air

C. Communicable diseases

1. Symptoms
2. Cause and incidence according to age
3. Incubation period
4. Duration
5. General care
6. Medical care
7. Possible complications
8. Suggested list of communicable diseases for study
 - a) Chicken pox

- b) Measles
 - 1) Rubeola (Red)
 - 2) Rubella (German)
- c) Mumps
- d) Pertussis (Whooping Cough)
- e) Diphtheria
- f) Smallpox
- g) Tetanus
- h) Hepatitis
- i) Streptococcal infection
- j) Poliomyelitis
- k) Colds
- l) Influenza
- m) Pneumonia
- n) Ringworm
- o) Meningitis
- p) Scarlet fever
- q) Mononucleosis
- r) Staphylococcus infection

H. Role of the health department

- 1. Personnel
 - a) Doctor
 - b) Nurse
 - c) Environmentalist
 - d) Meat inspector
- 2. Services rendered by the Health Department
 - a) Venereal disease treatment
 - b) Immunizations
 - c) Sanitation
 - d) Physical examinations

IV. RESOURCES

A. Printed material

1. Books

- a) Benenson, Abram S. **Control of Communicable Diseases in Man**, 12th ed. Washington, D.C.: The American Public Health Association, 1975.
- b) Henkel, Barbara O.; Means, Richard K.; Smolensky, Jack; and Sawrey, James M. **Foundations of Health Science**, Third Edition. Boston: Allyn and Bacon, Inc., 1977.

c) State listed textbook

2. Sources for pamphlets and other printed material

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) American Dental Association
- d) American Medical Association
- e) Metropolitan Life Insurance Company
- f) National Dairy Council
- g) National Society for the Prevention of Blindness
- h) Prudential Insurance Company of America
- i) Superintendent of

Documents, U.S. Government Printing Office

3. Periodicals

- a) **Family Health Magazine**
- b) **World Health**

B. Audio-visual sources

1. Films

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) Alabama State Department of Education

C. Personnel

- 1. Nurse
- 2. Volunteer from a local health clinic

V. ACTIVITIES

- A. Conduct field trips to the various community agencies which contribute to community.
- B. Conduct original skits depicting the differences between the well and the sick.
- C. Report on various diseases.
- D. Fill out a health check-list and construct one for the family.
- E. Plan a bulletin board for a week, using disease prevention for the topic.
- F. Work on an assembly program entitled communicable diseases.

SAFETY AND ACCIDENT PREVENTION

4-6

I. INTRODUCTION

Safety consciousness is an attitude which should be evidenced in habits which are a way of life. The safety and accident prevention unit assists in developing physical, mental, emotional, and social habits which should produce safer adults for the future and allow each individual freedom from conditions and fears which may restrict his enjoyment of life.

The school should share the responsibility of teaching children to live safely. From this unit, the student will hopefully assume the responsibility for personal safety and the safety of others at home, at school, at play, on the road, and in any other environment requiring adjustment. Since traffic accidents, falls, and fires are the main types of accidents for students in grades 4-6, the safety and accident prevention unit should emphasize safety attitudes and practices which will reduce accidents in these areas.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Formulate wholesome attitudes concerning law and law enforcement officers, and show concern for the safety of themselves and others.
2. Analyze their responsibility for the safety of others.
3. Assess the information, attitudes, and skills necessary for safe and sound personal development.
4. Analyze their part in satisfactory human relationships and social competency.
5. Evaluate first-aid measures which could be used in various situations.
6. Formulate appropriate behavior patterns for use in an emergency.

B. Immediate objectives

The students in grades 4-6 should:

1. Define common hazards in

their environment.

2. Cite the scientific facts about the causes of accidents.
3. Identify safe and unsafe practices in daily living at home, at school, and in the community.
4. Interpret and discuss safety rules and skills established by parents, school officials, and community leaders.
5. Draft appropriate behavior patterns for use in different emergencies.

III. CONTENT OUTLINE

A. Home safety

1. Poisons, guns, fireworks
2. Poisonous plants and berries
3. Emergency treatments for poisons
4. Accidents in the home
5. Fire hazards in the home

B. School safety

1. Fire hazards
2. Fire prevention
3. Respect and appreciation of law enforcement personnel
4. Safe work and play habits

C. Traffic safety

1. Rules of traffic safety for pedestrians
2. Traffic signals for bicycles and mini-bikes
3. Play area and street

D. Water safety

1. Personal responsibility for water safety
2. Fishing, skiing
3. Learn to swim safely
4. Learn boat safety

E. First-aid

1. Emergency measures
2. Simple treatment

IV. RESOURCES

A. Printed material

1. Books
 - a) **Accident Facts**, latest edition, Chicago: National Safety Council.

b) Parcel, Guy S., **First Aid in Emergency Care**. St. Louis: C.V. Mosby, 1977.

c) Schriver, Alice; Powers, Douglas; and Vorhous, Louis. **Your Health and Safety for Better Living**. New York: Harcourt, Brace Jovanovich, 1977.

d) State listed textbooks

2. Sources for pamphlets and other printed material

a) Alabama Department of Public Health

b) Alabama State Department of Education

c) American National Red Cross

d) American Public Health Association

e) Bureau of Health Education

f) National Safety Council

g) Superintendent of Documents, U.S. Government Printing Office

h) Consumer Products Safety Commission

i) U.S. Public Health Service

j) Food and Drug Administration

B. Audio-visual sources

1. Films

a) Alabama Department of Public Health

b) Alabama State Department of Education

c) Alabama Department of Public Safety

C. Personnel

1. Local law enforcement officer

2. Legislator

3. Safety expert

4. Fireman

V. ACTIVITIES

- A. List some household poisons that should be avoided and put out of reach of small children.

- B. List emergency actions for treatment of poison.
- C. Make an inventory of fire hazards in the home, school, and community.
- D. Plan a fire escape for everyone in the home and the school.
- E. Plan a bulletin board or posters on the dangers of guns and fireworks.
- F. Discuss accident areas found

- in the home and school.
- G. Individually plan a safe route from home to the school.
- H. Conduct a panel discussion on reasons for rules on the playground, in the gym, bus, hallways, lunchroom, and classroom.
- I. List the ways to extinguish fires (chemical, grease, wood).
- J. Arrange a poster contest about school safety.

- K. Collect newspaper clippings on traffic accidents.
- L. Write and produce an assembly on traffic safety.
- M. Demonstrate and practice artificial respiration and other first-aid measures.
- N. Arrange for a demonstration of safety procedures carried out by selected agencies. (Rescue squad, fire department, Coast Guard)

TOBACCO, ALCOHOL, AND OTHER DRUGS

4-6

I. INTRODUCTION

The elementary grades offer the first opportunity to present formal instruction concerning the principles of good health practices. There are basic facts and concepts about the properties, use, and misuse of tobacco, alcohol, and other drugs which can and should be conveyed to elementary school students. Tobacco and alcohol should be considered as drugs.

At a very early age, the child observes people smoking, drinking alcoholic beverages, and using other drugs. Later, it is learned that one may choose whether to smoke and drink when one reaches a legal age. It is found that smoking, and both abstinence and moderate drinking, are acceptable social customs in many groups. It is only too evident, however, that in their race to be grown up, many young people do not wait until the legal age to take their first smoke or drink, and that this practice is usually based on impulse rather than on a thoughtful decision.

If parents drink or use tobacco it is likely that their children will at least sample some tobacco product or alcoholic beverages long before legal maturity. Studies have found that most males with lung cancer started smoking significantly early in their lives. Pill popping and sniffing glue and other volatile substances may be attempted "for kicks" by children as early as nine or 10 years of age.

Education has contributed significantly to the control of many health problems, especially communicable diseases. Educationally sound programs beginning in the elementary grades offers the best hope for combating drug abuse.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 4-6 should:

1. Appraise the identifying properties of tobacco, alcohol, and other drugs.
2. Explain that drugs can be used beneficially or can be abused.
3. Determine the bases and patterns of habit formation.

4. Assess the influence of habits on health.
5. Group harmful habits and helpful habits.
6. Analyze the differences between beverage alcohol and medicinal alcohol.

B. Immediate objectives

The students in grades 4-6 should:

1. Trace the history of tobacco, alcohol, and other drugs from their early use to current consumption.
2. Identify the basic composition of tobacco, alcohol, and other drugs.
3. Differentiate between the use and abuse of tobacco, alcohol, and other drugs.
4. Name the specific personal and social effects of tobacco, alcohol, and other drugs.
5. Discuss the reasons youth of today begin the use of these substances.

III. CONTENT OUTLINE

A. History and background of tobacco, alcohol, and other drugs

1. Early use and abuse
2. Current use and abuse

B. Common forms of tobacco, alcohol, and other drugs

1. Tobacco
 - a) Cigarettes
 - b) Cigars
 - c) Pipe
 - d) Snuff
 - e) Chewing tobacco
2. Alcohol
 - a) Ethyl
 - b) Methyl
3. Drugs
 - a) Marijuana
 - b) Sniffing glue and other volatile substances
 - c) Hallucinogens (such as LSD)
 - d) Depressants (such as barbituates)

- e) Stimulants (such as amphetamines)

- f) Narcotics

- g) Other drugs

C. Effects of tobacco, alcohol, and other drugs

1. Physiological

- a) Respiratory System
- b) Circulatory System
- c) Digestive System
- d) Nervous System
- e) Muscular System
- f) Excretory System

2. Psychological

3. Sociological

4. Economical

D. Habit formation

1. Reasons
2. Patterns
3. Desirable and undesirable habits

E. Ways of coping with and enjoying life

1. Recreation
2. Hobbies
3. Work
4. Friendships
5. Other acceptable outlets for emotions

IV. RESOURCES

A. Printed material

1. Books

- a) AAHPER. **Drug Abuse: Escape to Nowhere.** Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1970.
- b) Burns, John. **The Answer to Addiction.** Atlanta: Harper and Row, 1975.
- c) McWilliams, William. **A Farewell to Alcohol.** Westminster: Random House, Inc.
- d) Schaller, Warren; Worick, Wayne W. **Alcohol, Tobacco and Drugs; Their Use and Abuse.** Englewood Cliffs: Prentice-Hall, Inc., 1977.

- e) Stewart, Charles E., Executive Editor. **Life and Health**. New York: Random House, Inc., 1976.
- f) State listed textbooks
- 2. Sources for pamphlets and other printed material
 - a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health
 - c) Alabama Heart Association
 - d) Alabama State Department of Education, Drug Education
 - e) Alabama Lung Association
 - f) American Cancer Society, Alabama Division
 - g) American Medical Association
 - h) National Clearinghouse for Drug Abuse Information
 - i) National Institute on Alcohol Abuse and Alcoholism
- 3. Periodicals
 - a) **Family Health Magazine**
 - b) **Health Education**
 - c) **Journal of School Health**

B. Audio-visual sources

1. Films

- a) Aims Instructional Media Services, Inc.
- b) Alabama State Department of Education
- c) Alabama Heart Association
- d) Alabama Department of Mental Health
- e) Alabama Department of Public Health
- f) American Cancer Society, Alabama Division
- g) McGraw-Hill Company

C. Personnel

- 1. School nurse
- 2. Home economist
- 3. Physician
- 4. County health department
- 5. Alcoholics Anonymous member
- 6. Judge
- 7. Policeman
- 8. Lawyer
- 9. Social worker
- 10. Rabbi, pastor, priest

V. ACTIVITIES

- A. Interview people of various

nationalities about their uses of alcohol, religious and social.

- B. Report on the alcohol and tobacco industry in the United States.
- C. Construct a life size man in a drawing or model, and trace the path of alcohol, tars, and nicotine.
- D. Design bulletin boards to illustrate the effects of alcohol and tobacco on the body.
- E. Study nonprescription drugs and alcohol content.
- F. Draw posters depicting the hazards of alcohol, drugs, and narcotics.
- G. List community agencies concerned with the problems of alcohol abuse.
- H. Collect newspaper, magazine or other articles on drugs, alcohol, and tobacco.
- I. Role-play a situation where a student is approached to try drugs. How should he react?
- J. Debate the pros and cons of using alcohol, drugs, or tobacco.
- K. Construct a simple smoking machine.

OVERVIEW

7-9

The young person 12 to 15 years of age needs accurate information, wholesome guidance, and convincing reassurance in efforts to adjust to this new phase of life.

These young people are particularly concerned about the physical changes in their own bodies and in the physical development of the opposite sex. They want to understand themselves and each other. There is a strong desire to be attractive to the opposite sex. From many sources, they have been exposed to a variety of ideas regarding all aspects of man's being. Some possess valid understandings, although they still seek reinforcement and additional information. Many of these young people, however, have not been exposed to wholesome concepts of physical growth and social interaction. They possess misunderstanding, have questions, and wish to fill the gap in their understanding of self and others. Their plea is, "teach us what we want to know."

At each age level some of the boys and some of the girls are more immature than others of their own sex. When they learn that it is normal for individuals to grow at different rates, their adjustment to change is made easier. Young girls, ages eleven to blossoming into womanhood with the accompanying

growth changes identified as "filling-out" and "skyrocketing," frequently exhibit behavior characterized by embarrassment or aggressiveness. Boys of this age are about two years slower than girls in reaching puberty. Puberty is accompanied by changes in their voices, growth of hair on body and face and a sudden increase in height. Behavior characterized by clumsiness, shyness or belligerence may occur.

Realizing that stages of behavior may appear earlier or later than in the "typical" individuals, teachers and parents may expect the following reactions from junior high school students. The eleven-year old, may be a bundle of energy, possibly argumentative, disturbing, rebellious, resentful of siblings, alibing, and quoting the privileges of others. It is suggested that demands be few but firm.

The twelve-year old continues to have boundless energy and is enthusiastic and extremely interested in many things. The girl at this age may ask her mother not to tell dad about her development, then go right out and tell her friends. The boy seeks sex information, but, surprisingly, if he goes to a parent at all, it is usually to his mother. The thirteen-year old boy sometimes becomes moody and withdrawn. He is thinking about popularity, school,

money, and the future. The fourteen-year old likes to talk things over, is more friendly, boisterous, and straight forward in his approach to problems. At 15 there is a relapse into sullen, restless, and complex behavior. Although very selfcritical, the boy puts up a front of being "tough" and sometimes secedes from the family. Girls have boys on their minds. Boys are not adverse to girls but also think of other goals. At 14 and 15 there is an awakening of social awareness, a keen sense of fairness, and a growing sense of responsibility.

As these young people seek to become an established part of their age—peer world, to become free of parental control and at the same time keep in communication with parents, it is necessary for the school to assist them. The school that is focusing on academics alone is missing vital opportunities to help young people grow up healthy in body and mind, eager and able to participate fully and wisely in life's experiences.

The health instructional program, on an equal time allotment with other core subjects and instructed by qualified health education teachers, can make a major contribution to those young people in their search for adjustments to the first phase of adolescence.

ALCOHOL

7-9

I. INTRODUCTION

The attitudes and actions of our society toward drinking alcoholic beverages have gradually changed. By tradition we have maintained expressions of disapproval and often open rejection. Our attitudes now seem to be mellowing, or at least to be based on a more realistic understanding of the problem faced by many young people today in making the decision to drink or abstain. People who drink should accept the responsibility involved in the use of alcohol; everyone should recognize and understand the problem the use of alcohol presents in our modern society. Even for the emotionally mature, stable individual, moderate drinking may create serious problems. Others with complex problems from family background, social situations, or cultural pressures, may become dependent upon alcohol. The cost of alcohol in money and human life, to the individual, the community, and the nation, is staggering.

There is a growing awareness that alcoholism is an illness—a serious one. More general hospitals are at last allowing admission of alcoholics and providing them with quality care. Recent court decisions are legally recognizing alcoholism as a disease. This action has shifted the major responsibility for care of the alcoholics from enforcement agencies to the medical profession and health rehabilitation groups.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Assess scientific, factual information concerning the use and abuse of alcohol in American society.
2. Formulate individual concepts regarding personal use of alcohol, based upon current, accurate information.
3. Summarize the social ramifications of the use of alcohol.

B. Immediate objectives

The students in grades 7-9 should:

1. Classify the two major types of alcohol.
2. Discuss the views of society concerning the use of beverage alcohol.
3. Describe the methods of treating and rehabilitating alcoholics.
4. Clarify the relationship between the terms "recovered" and "alcoholic."
5. List the ill effects of ethyl alcohol.
6. Name the laws governing production, distribution, consumption, and transportation of beverage alcohol.
7. Identify the problems associated with the enforcement of laws governing alcohol.
8. Name the ways in which alcohol affects the human body.
9. Identify factors affecting patterns of drinking in America.
10. Identify the personal and social problems associated with problem drinkers.
11. Cite the reasons people use beverage alcohol and discuss alternative choices.

III. CONTENT OUTLINE

A. Classification of alcohol

1. Ethyl
2. Methyl

B. Uses of beverage alcohol

1. Sacramental
2. Ceremonial
3. Medicinal
4. Social

C. Terminology

1. Social drinker
2. Problem drinker
3. Alcoholic
4. Temperance
5. Abstinence

D. Legal controls

1. Federal
2. State
3. Local

E. Effects of beverage alcohol upon the body

1. Psychological
2. Physiological
 - a) Absorption and elimination
 - b) Body systems

F. Drinking patterns in America

1. Social economic groups
2. Ethnic and religious groups

G. Reasons for drinking

1. Experimentation
2. Peer pressure
3. Social situations
4. Escape

H. Problem drinking and alcoholism

1. Nature and extent of the problem
2. Treatment and rehabilitation

I. Social and economic problems related to drinking

1. Crime, accidents, and illnesses
2. Personal and community expense
3. Effect on social behavior in the family and community

IV. RESOURCES

A. Printed material

1. Books

- a) American Alliance for Health, Physical Education and Recreation. **Learning About Alcohol: A Resource Book for Teachers.** Washington D.C.: AAHPER, 1974.
- b) Burgess, Louise B. **Alcohol and Your Health.** New York: Charles Publishing Co., 1973.
- c) Haskins, Jim. **Teen-age Alcoholism.** New York: Hawthorn, 1976.
- d) Schaller, Warren; Worick, W. Wayne; **Alcohol, Tobacco and Drugs:**

Their Use and Abuse.

Englewood Cliffs:
Prentice-Hall, 1977.

- e) State listed textbooks.
- 2. Sources for pamphlets and other printed material
 - a) Alabama Department of Mental Health
 - b) Alabama State Department of Education, Drug Education
 - c) Department of Health, Education and Welfare Public Health Service
 - d) National Institute of Mental Health, Division of Alcohol Abuse and Alcoholism
 - e) Rutgers Center of Alcohol Studies
- 3. Periodicals
 - a) **Quarterly Journal of Studies on Alcohol**—Center of Alcohol Studies
 - b) **Family Health Magazine**

B. Audio-visual sources

1. Films

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) Alabama State Department of Education

C. Personnel

1. State and local officials

- a) Department of Education
- b) Department of Mental Health
- c) Department of Public Health
- d) State Trooper or local law officer
- e) Alcohol Beverage Control Agent
- f) State schools of pharmacy

2. A member Alcoholic Anonymous, Al-Anon, or Al-Ateen

V. ACTIVITIES

- A. Conduct a discussion on the use and the problem of abuse of beverage alcohol in American society.
- B. Compile a scrapbook of current news items relating to the use of beverage alcohol.
- C. Use an opaque projector to show the classification of alcohol, emphasizing the dangers of consuming methyl alcohol.
- D. Bring to class empty wine, beer, and liquor bottles with labels attached. Discuss the contents of each.
- E. Write a short research paper concerning alcohol problems.
- F. Discuss the tax on alcoholic beverages and for what purposes the tax money is used.

CONSUMER HEALTH

7-9

I. INTRODUCTION

During the years students are in junior high school, they normally develop a greater degree of independence. They are assuming more personal responsibility for the selection of many products and services which they use.

A junior high school student is easily influenced and sometimes misled in regard to consumer practices. Gimmicks, misleading advertising, and peer pressure may influence them to select a product on a whim or an irrational basis. Dr. Leland J. Gordon has remarked that the "theoretical assumption that the consumers are free to choose what they want and how much is largely economic fiction." Junior high school students are prone to purchase products for novelty rather than for their usefulness. Students should be made aware of questionable practices in the selling of products and services.

II. BEHAVIORAL OBJECTIVES

A. Long-range objectives

The students in grades 7-9 should:

1. Analyze the various health services and products while validating the advertisements.
2. Assess the quality of recommendations given by responsible agencies which recognize worthwhile health products and health services.
3. Critically evaluate the role of a wise consumer.

B. Immediate objectives

The students in grades 7-9 should:

1. Compare the various types of consumers.
2. Discriminate between quality health products and health services and those products and services which utilize misconceptions and quackery.
3. Distinguish between honest and fraudulent advertising.

¹Leland J. Gordon, *Economics for Consumers* (New York: American Book Company, 1944), p. 63.

4. Identify the criteria for selection of health advice, health services, and health products.
5. Compare the specific responsibilities of medical specialists.

III. CONTENT OUTLINE

A. Characteristics of a wise consumer

B. Selection of products

1. Utilization for specific purposes
2. Analysis of advertisements
3. Specific purposes of protective agencies
 - a) Food and Drug Administration
 - b) Better Business Bureau
 - c) Department of Public Health
 - d) United States Department of Agriculture
 - e) Post Office
 - f) State Office of Consumer Affairs
 - g) U.S. Consumer Products Safety Commission

C. Budgeting

1. Definition
2. Advantages and disadvantages
3. Samples

D. Physicians and other medical personnel

IV. RESOURCES

A. Printed material

1. Books

- a) **Consumer Health Bulletin: A Directory.** DHEW Publication No. (HRA) 77-607, Revised October, 1976.
- b) **Consumer Reports. The Medicine Show.** Mount Vernon, New York, 1974.
- c) Haag, Jessie Helen. **Consumer Health.** Philadelphia: Lea and Febiger, 1976.
- d) **How to Buy Food:**

Lesson Aids for Teachers:

Agricultural Handbook No. 443. Washington: Pantheon

Books, 1974 (Order from Random House, Inc.).

- e) Margolius, Sidney. **Health Foods: Facts and Fakes.** New York: Walker Publishing Co., 1973.
- f) Wasserman, Paul. **Consumer Sourcebook.** Detroit: Gale Research Co., 1974.

g) State listed textbooks

2. Sources for pamphlets and other printed material

- a) American Dental Association
 - b) American Medical Association
 - c) Consumers' Research, Inc.
 - d) Department of Health, Education and Welfare
 - e) Food and Drug Administration
 - f) National Better Business Bureau
 - g) National Council on Family Relations
 - h) U.S. Consumer Products Safety Commission
- ### 3. Periodicals
- a) **Family Health Magazine**
 - b) **Consumers' Report**—Consumer's Union of the United States
 - c) **FDA Consumer**—Department of H.E.W.

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) American Medical Association
- c) Coronet
- d) McGraw-Hill Book Company

C. Personnel

1. Physician
2. Better Business Bureau employee

3. Pharmacist
4. Representative from any of the health agencies
5. Home economist
6. Advertising specialist

V. ACTIVITIES

- A. Explore the home medicine chest, noting and destroying unlabeled or outdated medicines, with parent's consent.
- B. Analyze advertisements from

newspapers or magazines, noting any dishonest practices.

- C. Make oral reports on the specific purposes of selected protective agencies.
- D. Discuss the necessity for the Code of Ethics of the American Medical Association and other professional organizations.
- E. Select a person who is considered a wise consumer and write a short paper about

him telling why he is considered a wise consumer.

- F. Identify various health specialists and note their functions.
- G. Discuss the available medical, dental, and hospital services and determine whether they are being utilized in the way they were intended.
- H. Design a monthly budget to fulfill the needs of a family of four based upon a monthly income of \$800, detailing a list of health items.

DENTAL HEALTH

7-9

I. INTRODUCTION

At this age level, young people become more aware of appearance and personality. The importance of an attractive smile should be emphasized. The relationship of good general health to good oral health should also be stressed.

Dental health is one of the major health problems of all school age children today. Teenage tooth decay develops quickly and in six to eight months may be found in every tooth. There are many teenagers in the United States who have no teeth at all. A teenager will find tooth decay a more serious and lasting problem than the common cold.

Surveys have shown that the number of students with dental caries to be as much as six times greater than those with the next most prevalent health problem. It is estimated that nine out of every 10 people have carious teeth or more serious dental difficulties.

Dental decay and gum disease are true **diseases**. They are caused by bacteria and other microbes which lead to infection and if not effectively treated subsequent loss of tissue and function.

There are many factors that contribute to the high rate of dental defects of teenagers today, the biggest of which stems from neglect of dental care. The extent of oral disease may be determined by these factors:

1. Presence of dental plaque—gummy, gelatin-like substance on the teeth, which contains millions of sugar-loving organisms.
2. The frequency of sugar intake each day and the length of time it remains in the mouth.
3. The strengths and types of acids and toxins produced as waste products of these organisms digesting the sugar.
4. The effectiveness of the saliva in combating the carious process.
5. Resistance of teeth and gums.

In recent years there has been a great deal of interest in the use of fluorides to

prevent tooth decay. Many cities and towns throughout the United States add a small amount of fluoride to the water supply because it has been proven that it can aid in the reduction of tooth decay by 60 to 70 percent.

The solution to decreasing oral disease lies in prevention, education, and proper oral hygiene. Dental health is the responsibility of the individual, family, and the community, in that order.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Assess and use information concerning causes, prevention, and correction of dental disorders.
2. Formulate an awareness of their responsibility to themselves and to society to follow good dental health practices.
3. Identify foods which contribute to oral diseases.
4. Select dental services and dental products with discrimination.

B. Immediate objectives

The students in grades 7-9 should:

1. Discuss factors contributing to dental caries and gum diseases.
2. Employ proper oral hygiene which will lead to the reduction of oral disease.
3. Identify the relationship of sweets to decay and gum disease.
4. Identify their own dental needs.

III. CONTENT OUTLINE

A. Dental disease

1. Dental caries (dental decay or "cavities")
 - a) Causes
 - 1) Bacteria in dental plaque
 - 2) Frequent sweet snacks to feed the bacteria

- 3) Lack of resistance of enamel to acid produced by bacterial waste products

b) Prevention

- 1) Use of fluorides
- 2) Reduction of frequency of eating sweet snacks.
- 3) Thorough brushing and flossing daily to remove plaque
- 4) Regular dental care

2. Gingivitis and Periodontitis (Pyorrhea)

a) Causes

- 1) Various microbes in dental plaque
- 2) Improper diet—especially frequent sweet snacks
- 3) Calculus (tartar) buildup
- 4) Systemic disorders

b) Prevention

- 1) Thorough and regular plaque removal by brushing and flossing
- 2) Regular dental visits
- 3) Reduction of frequency of sweet snacks
- 4) Proper diet and nutrition

c) Signs

- 1) Redness of gums
- 2) Swelling, bleeding, and often pain
- 3) Pus exuded from gums around teeth
- 4) Foul breath

d) Treatment

- 1) Prompt care by dentist—including removal of causes
- 2) Follow dentist's directions

e) Effects

- 1) Destruction of bone
- 2) Infection and loss of soft tissue
- 3) Infection spread to other parts of the body

3. Trench mouth (Vincent's Infection)

- a) Causes
 - 1) Bacterial infection
 - 2) Poor oral hygiene
 - b) Signs
 - 1) Red, puffy, and tender gums
 - 2) Bleed easily
 - 3) Chewing and brushing may be painful
 - 4) Ulcers may appear on gum line
 - 5) Rise in temperature
 - 6) Foul breath and severe pain
 - c) Treatment
 - 1) Care by dentist— including medication
 - 2) Improved oral hygiene
- B. Abnormalities of each
- 1. Malocclusion
 - a) Sign
 - 1) Abnormal relation between upper and lower jaws
 - b) Causes
 - 1) Inherited
 - 2) Early loss of primary teeth
 - 3) Lengthy retention of primary teeth
 - 4) Oral habits
 - 5) Postural habits
 - c) Effects
 - 1) Difficulty in cleaning
 - 2) Trouble chewing
 - 3) Possibility of injury
 - 4) May influence speech and articulation
 - 5) Social maladjustment
 - d) Treatment
 - 1) Dentist or orthodontist
- C. Relationship of diet and dental health

- 1. Diet, nutrition, and tooth development
 - 2. Diet in relation to dental caries
 - 3. Diet and nutrition in relation to periodontal diseases
 - 4. Diet and its relationship to maintaining good dental health
- D. Fluoridation
- 1. Definition
 - 2. Cost
 - 3. Effectiveness
 - 4. Safety
 - 5. Why use fluoride
- E. Development of good health habits
- 1. Personal care
 - 2. Proper diet
 - 3. Dentifrices
 - 4. Mouth washes
 - 5. Dental tape and floss
 - 6. Tooth picks
- F. Professional care
- 1. Examination by dentists
 - 2. Dental procedures
 - 3. Application of fluoride

IV. RESOURCES

- A. Printed material
 - 1. Books
 - a) Henkel, Barbara O.; Means, Richard K., Sawrey, James M.; and Smolensky, Jack. **Foundations of Health Science**, Third Edition. Boston: Allyn and Bacon, Inc., 1977.
 - b) Stoll, Frances A., Catherman, Joan. **Dental Health Education**, 5th Ed. Philadelphia: Lea and Febiger, 1976.
 - c) State listed textbooks

- 2. Sources for pamphlets and other printed material
 - a) Alabama Dental Association
 - b) Alabama Department of Public Health
 - c) American Dental Association
 - d) U.S. Department of Health, Education, and Welfare
 - e) Encyclopedia Britannica Educational Corporation
 - f) National Dairy Council
 - 3. Periodicals
 - a) **Journal of the American Dental Association**
 - b) **Family Health Magazine**
 - c) **Journal of School Health**
- B. Audio-visual sources
- 1. Films
 - a) Alabama Department of Public Health
 - b) American Dental Association
 - c) Encyclopedia Britannica Education Corporation
 - d) Walt Disney Productions
- C. Personnel
- 1. Dentist
 - 2. County and state department of health personnel

V. ACTIVITIES

- A. Ask your local dentist or health department to have Alabama Smile Keeper (ASK) Program presented to school system.
- B. Write dental health essays for the school paper.
- C. List the fallacies about dentifrices, toothbrushes, and hereditary factors.
- D. List the effects of fluoridation on the prevention of tooth decay.

DRUGS

7-9

I. INTRODUCTION

A growing national problem is the abuse of dangerous drugs and narcotics by a substantial segment of society. This abuse is recognizable in all age and cultural groups.

People knowledgeable in the area of dangerous drugs and narcotics recognize the existence of three major areas in the "Drug Scene." These areas include: (1) law enforcement; (2) rehabilitation; and (3) education-prevention.

Drug education should be designed and conducted to approach the "drug scene" from several different avenues. The scientific study of basic facts is, of course, to be included. The teaching of facts is stressed by all recognized authorities. However, a program of only scientific, factual lectures is in danger of becoming boring, sterile, and therefore unproductive. Another approach to drug education involves such things as group and panel discussions, individual assignments, essays, themes, book reports, and oral reports to the class. The chance to become involved and to verbally participate in the program should be offered to the student.

The basic purpose of a drug education program corresponds with the purpose of education in general—to prepare the student to cope with everyday as well as contrived problems so he will have the experience and expertise to address future problems with success. A drug education program should be designed to provide students with fundamental facts about drugs and to reinforce proper habits and behavior patterns and to focus attention on the establishment of esteemed values.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Evaluate information concerning the use and misuse of drugs.
2. Analyze the physiological and psychological effects of drugs.
3. Separate the concepts of mental and physical

dependency, and specify the drugs that can lead to either.

4. Assess the kinds of problems created in our society by drugs.
5. Explain the regulations and the enforcement bodies that control the manufacture, distribution, sale, and use of drugs.

B. Immediate objectives

The students in grades 7-9 should:

1. Define drugs and their benefits.
2. Classify narcotics, stimulants, hallucinogens, depressants and volatile chemicals.
3. Tabulate the incidence of drug use and abuse in Alabama.
4. Identify the physical, mental, and social implications of the misuse of drugs.
5. Discuss the student's own responsibilities in making decisions concerning drug use and abuse.
6. Describe the effects that dangerous substances have on the body.
7. Identify current methods of treatment and problems of rehabilitation of drug addicts.
8. Cite the dangers of drug experimentation.
9. Trace the transfer of drugs through the illegal market.
10. Compare the legal and illegal uses of drugs.

III. CONTENT OUTLINE

A. Purpose and beneficial use of drugs

B. Classification of frequently abused drugs and their effects on the body.

1. Narcotics and other depressants
 - a) Opium
 - b) Morphine
 - c) Heroin
 - d) Barbiturates

- e) Dilaudid
- f) Tranquilizers
- g) Codeine
- h) Synthetic narcotics
 - 1) Demerol
 - 2) Darvon
 - 3) Methadone

2. Stimulants

- a) Amphetamines
- b) Cocaine

3. Hallucinogens

- a) Marijuana
- b) LSD
- c) Mescaline
- d) Psilocybin
- e) STP
- f) DMT

4. Volatile chemicals

- a) Glue
- b) Gas

C. Who are the people who use drugs and why

D. Mental and physical dependency

1. Differences
2. Personal dangers
3. Symptoms

E. Social implications of drug abuse

1. Crime
2. Illnesses
3. Expense
4. Affects on family relationships

F. Legal control of drugs

1. Prescription
2. Nonprescription
3. Governmental legislation
4. Agencies of investigation and enforcement

G. Prevalence of drug abuse in the United States

1. Extent
2. Types

H. Prevention and treatment

1. Education
2. Medical
3. Self-help agencies and groups (Half-Way houses)
4. State, private and federal institutions

IV. RESOURCES

A. Printed material

1. Books

- a) AAHPER. **Drug Abuse: Escape to Nowhere.** Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1970.
- b) Health, Education and Welfare. **Drug Abuse: Guidelines and Selected References.** Washington, D.C.: The U.S. Department of Health, Education, and Welfare.
- c) Houser, N. **Drugs: Facts on Their Use and Abuse.** Glenview, Illinois: Scott, Foresman and Company, 1970.
- d) Schaller, Warren; Warick, Wayne W., **Alcohol, Tobacco and Drugs: Their Use and Abuse.** Englewood Cliffs: Prentice-Hall, 1977.
- e) State listed textbooks

2. Sources for pamphlets and other printed material

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) Alabama Heart Association
- d) Alabama State Department of Education, Drug Education

- e) Alcoholism and Drug Addiction Research Foundation
 - f) American Medical Association, Council on Mental Health, Committee on Alcoholism and Drug Dependence
 - g) Department of Health, Education and Welfare
 - 1) Food and Drug Administration
 - 2) U.S. Public Health Service
 - h) National Clearinghouse for Drug Abuse Information
 - i) National Education Association
 - j) National Institute of Mental Health, Public Inquiries Branch
 - k) Superintendent of Documents, U.S. Government Printing Office
 - l) U.S. Department of Justice, Bureau of Narcotics and Dangerous Drugs, Educational Program Division
- ###### 3. Periodicals
- a) **Drug Dependence**
 - b) **Health Education**
 - c) **World Health**

B. Audio-visual sources

1. Films

- a) Alabama Department of Mental Health

- b) Alabama Department of Public Health
- c) Alabama State Department of Education, Drug Education

C. Personnel

1. An administrator or supervisor from the county mental health association
2. A physician
3. Law enforcement officer
4. State narcotic agent
5. State Department of Education specialist
6. A pharmacist

V. ACTIVITIES

- A. Make a file of newspaper and magazine articles relating to drug use and misuse
- B. Prepare a role playing situation depicting the effects of drug addiction upon chances for happiness in life.
- C. Install a question box through which students may submit questions and problems for class discussion.
- D. Arrange debates and panel discussions on the subject, "Use and Misuse of Drugs."
- E. Gather free materials on narcotics and drug abuse and make a scrapbook.
- F. Conduct a discussion on the reasons people use drugs.
- G. Discuss the implications of a felony charge or conviction.

ENVIRONMENTAL HEALTH

7-9

I. INTRODUCTION

Students in grades seven through nine are experiencing greater independence than in previous years. As youth are allowed more privileges, their conduct within the community reflects their health habits.

Every individual should understand and obey laws and regulations designed to improve the natural resources. Communities should be prepared to cope with emergencies which would be detrimental to the environment. All members of society should realize that there are still old environmental problems to be solved and that new advances and technology have brought about additional health problems.

Students should become familiar with the international, national, state, and community agencies responsible for improving preventive and protective environmental programs. They should recognize the responsibility they have as community members to help promote and maintain a healthy environment which mankind can enjoy.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Formulate an understanding of how environmental changes create new health problems.
2. Measure the relationship between community problems and the local environment.
3. Recommend the construction of additional health facilities that would benefit the community.
4. Formulate an understanding of regulations and laws which benefit the total community health program.
5. Appraise the community health conditions for the individual, the family, the community, the nation, and the world.
6. Explain the purposes of the various agencies for community aid.

B. Immediate objectives

The students in grades 7-9 should:

1. Define the meaning of a changing environment.
2. Recognize the effects of increased noise upon society.
3. Discuss current regulations for the control of the problems of air pollution, noise, and sanitation.
4. Relate the effects of major environmental control laws on the health and welfare of a community.
5. Identify the specific purposes and functions of agencies for community aid.
6. Recognize problems of personal health created by a mobile society.
7. Interpret rehabilitation as being a responsibility of the entire community as well as the individual.
8. Examine ways a community might be prepared for various emergencies.
9. List the community facilities available for public use and contrast their functions.

III. CONTENT OUTLINE

A. Definition of a changing environment

1. Pollution of our natural resources
 - a) Air
 - b) Water
 - c) Soil
2. Unhealthy conditions within the local community
 - a) Identification of the problem
 - b) Methods of prevention and improvement
3. The effects of environmental emergencies
 - a) Natural
 - b) Man-made

B. Functions and purposes of specific agencies that render

community services for environmental health

1. Local—State—National
 - a) Comprehensive Health Planning
 - b) Public Health Department
 - 1) Solid waste control
 - 2) Vector control
 - c) Air Pollution Commission
 - d) Water Pollution Commission
 - e) Environmental Protection Agency
 - f) Voluntary Associations
 - g) Alabama Environmental Quality Association

IV. RESOURCES

A. Printed material

1. Books

- a) AAHPER and NEA. **Man and His Environment: An Introduction To Using Environmental Study Areas.** Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1970.
- b) Jenne, Frank H., Greene, Walter H. **Turner's School Health and Health Education.** St. Louis: C.V. Mosby Company, 1976.
- c) Stewart, Charles E., Executive Editor, **Life and Health.** New York: Random House, Inc., 1976.
- d) State listed textbooks

2. Sources for pamphlets and other printed material

- a) Alabama Department of Public Health
- b) Superintendent of Documents, U.S. Government Printing Office
- c) U.S. Department of Health, Education, and Welfare
 - 1) Food and Drug Administration

- 2) U.S. Public Health Service
- 3) Environmental Protection Agency
- 3. Periodicals
 - a) **Family Health Magazine**
 - b) **Health Education**
 - c) **World Health**
- B. Audio-visual sources
 - 1. Films
 - a) Alabama Petroleum Council
 - b) Alabama Department of Public Health
 - c) American Dental Association
 - d) American Medical Association

- e) McGraw-Hill Book Company
- f) Smith, Kline and French Laboratories
- C. Personnel
 - 1. Lawyer
 - 2. Representative from any of the health agencies
 - 3. Housing authority representative
 - 4. Civil service representative
 - 5. Representative of industry

V. ACTIVITIES

- A. Conduct a health survey of the environmental conditions of the community.
- B. Clean and maintain a

- polluted area.
- C. Plan a field trip to a local health agency which protects the environment.
- D. Write an essay comparing local health problems with health conditions in other parts of the nation or world.
- E. Discuss current pollution legislation and decide if it is being violated locally.
- F. Visit a local factory to note waste disposal methods utilized.
- G. Survey the community facilities available for public use, and determine whether they adequately meet community needs.

FAMILY HEALTH

7-9

I. INTRODUCTION

Schools share the responsibility for the development of each individual student in five basic areas of development. Human growth should be studied from these five developmental areas: physical, social, emotional, intellectual, and moral.

The student in grades 7-9 is entering a period of growth and development in which sexual development plays a dominant role. There is a need to understand the sexual development with its concomitant drives in order that this aspect of growing and developing may be properly controlled and the feelings and emotions derived from it may be channeled in appropriate directions.

The social interaction of boys and girls is of great significance at this age level. The teacher should help students to develop a better understanding of themselves and their sexual roles as they relate to social behavior. Also important for an adolescent is an understanding of changing roles and responsibilities within the family structure.

Frequently in the past, information about sex and reproduction has been omitted from textbooks and courses. Because of the increasing prevalence of teen-age pregnancies, venereal disease, and personal hygiene problems, teachers should help students to develop wholesome attitudes by teaching the biological aspects of life as one of the interrelated dimensions of family life. In the whole area of sex education, physical facts, while important, are not sufficient. They need to be buttressed with attitudes and values which will contribute to responsible behavior. Therefore, the way in which the facts are taught becomes very important.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The student in grades 7-9 should:

1. Formulate a concept of self as a person of worth within the sexual role as a male or female.
2. Explain basic anatomical and physiological facts about the human body which might be used as a basis for forming values and making decisions about proper sexual behavior.

3. Analyze the development of normal intellectual, social, and emotional values which will serve as a guide and resource to him in his personal and family relationships.
4. Judge sound information about growth and development and human reproduction.
5. Explain the effects of developmental physical changes on all areas of growth and development.
6. Create a wholesome understanding of sexual behavior and develop a respect for a mature and responsible sex life within marriage.
7. Recognize the personal and social difficulties that are inherent in the use of sex for exploitation or solely for self gratification without regard for other parties or social consequences.
8. Judge the value of money as it relates to family living.
9. Assess values often used as a basis for the selection of a marriage partner.
10. Select information which will enable him to have a better understanding of himself and facilitate his adjustment to the changes of adolescence.

B. Immediate objectives

The students in grades 7-9 should:

1. Discuss decision-making inherent in dating.
2. Trace the pattern of human growth and development in the reproductive process.
3. Tabulate attitudes which tend to increase an individual's feeling of worth within his/her sexual role.
4. Indicate sexual behavior which would tend to decrease an individual's feeling of worth within his/her sexual role.
5. Identify possible physical and mental consequences of

irresponsible sexual behavior.

6. Discuss peer pressure as it relates to sexual mores.
7. Discuss contraceptive methodology as it relates to sexual responsibility and venereal disease.

III. CONTENT OUTLINE

A. Changing family roles and responsibilities

1. The teen-ager
 - a) Independence-dependency
 - b) Responsibilities and contributions
 - 1) Family
 - 2) Community
 - c) Setting and working toward goals

B. Anatomy and physiology of the reproductive system

1. Male
2. Female

C. Physical changes of adolescence

1. Body size and shape
2. Reproductive organs
3. Menstruation
4. Nocturnal emissions
5. Secondary sexual characteristics

D. Intellectual and emotional development

1. Causes and effects of emotions during adolescence
2. Coping with and expressing emotions
3. Love and infatuation

E. Social development

1. Intra-family and inter-family relations
2. Dating
 - a) Values
 - b) Choice of a person to date
 - c) Parental influences
 - d) Peer influence
3. Going steady
 - a) Advantages and disadvantages
4. Standards of conduct

- a) On a date
- b) In the community
- c) Premarital sexual relations and inherent responsibilities
 - 1) Decision making
 - (a) Physical consequences
 - i) pregnancy
 - ii) venereal disease
 - iii) possible health hazards other than disease
 - (b) Mental and emotional consequences
 - i) feelings of guilt and embarrassment
 - ii) insecurity and isolation
 - iii) coping with stresses brought on by pregnancy and parenthood

F. Engagement and marriage

- 1. Choice of a mate
- 2. Purpose of an engagement
- 3. Readiness for marriage
- 4. Early marriages
- 5. The right to remain unmarried

G. Human reproduction

- 1. Conception
- 2. Growth of the fetus
- 3. Birth

H. Self-concept as a sexual being

- 1. Inherited traits
- 2. Acquired traits
- 3. Self acceptance

I. Deviant Sexual Behavior

- 1. Homosexuality

IV. RESOURCES

A. Printed material

1. Books

- a) Cable, M. **The Little Darlings: A History of Child Rearing in America.** New York: Charles Scribner's, 1975.
- b) Hubbard, Charles W. **Family Planning Education.** St. Louis: C.V. Mosby, 1977.
- c) Reed, Donald A. **Looking In: Exploring One's Personal Health Value.** Englewood Cliffs: Prentice-Hall, 1977.
- d) Stewart, Charles E., Executive Editor, **Life and Health.** New York: Random House, Inc. 1976
- e) State listed textbooks

2. Sources for pamphlets and other printed material

- a) American Alliance for Health, Physical Education, and Recreation
- b) American Association of Sex Educators and Counselors
- c) American Medical Association
- d) National Better Business Bureau
- e) Science Research Associates
- f) SIECUS—Sex Information and Education Council of the United States

3. Periodicals

- a) **Family Coordinator: Journal of Education, Counseling and Services**—National Council on Family Relations
- b) **Focus on the Family**—E.C. Brown Center for

Family Studies

- c) **Journal of Marriage and the Family**—National Council on Family Relations
- d) **Siecus Newsletter**—Sex Information and Education Council of the United States
- e) **Family Health Magazine**

B. Audio-Visual sources

1. Films

- a) Alabama Department of Public Health
- b) Alabama State Department of Education
- c) American Medical Association
- d) CRM/McGraw—Hill Films
- e) Alfred Higgins Productions, Inc.
- f) Association—Sterling Films

C. Personnel

- 1. County health official who works with the problem of venereal disease
- 2. Local pastor
- 3. Physician

V. ACTIVITIES

- A. Survey the class to determine the characteristics they most prefer in prospective mates.
- B. Conduct a panel discussion on petting, dating, and the pros and cons of early marriages.
- C. Develop a skit illustrating acceptable and unacceptable social etiquette on a date.
- D. Discuss the physical changes which accompany adolescence.

MENTAL AND EMOTIONAL HEALTH

7-9

I. INTRODUCTION

Mental health concepts and practices should permeate the entire school guidance instructional program and not be limited to the suggestions contained in this unit. Everything that helps a young person feel wanted, a part of—a process of **INCLUSION**—contributes to mental health; everything that alienates the young person, that does not take his feelings into account—a process of **EXCLUSION**—tends to erode mental health.

Mental health is that emotional adjustment through which a person can live with reasonable comfort, functioning acceptably in the community in which he lives. The mentally healthy person is for the most part able to handle one's emotions and cope acceptably with situations in the environment. The student who demonstrates unacceptable behavior may be showing signs of emotional stress and may need specialized help.

Does the teacher of mental health really make a difference in the life of the student? Students can be taught to understand and appreciate the dynamic nature of human behavior and this understanding can have a positive effect on individual behavior.

The spurt of growth which characterizes the seventh, eighth and ninth grade student produces many physical, emotional and mental changes. During these adolescent years there is an intensification in the process of self-discovery and a change in the relationships through family and friends. Peer approval becomes more and more influential. The ideas and opinions of peers are important, emotionally-charged areas for the junior high school student.

The timidity of the seventh grader, the unrest and resistance of the eighth grader, and the "grown-upness" of the ninth grader can give clues to the ways in which the teacher can help the student. The job of teaching mental health becomes increasingly important as these students move through self-discovery and maturity.

Today's youngsters have had a wide exposure to mass communications which has raised their level of sophistication. Thus, there is an even greater need for teachers to assist

youth in meeting the demands and stresses that confront them at every turn.

The need for mental health education is substantiated by many mental health authorities. Dr. Karl Menninger, co-founder of the Menninger Clinic, a psychiatric hospital in Topeka, Kansas, believes that everyone is mentally ill at some time in his life. Of course, he is including emotional experiences that are found at his first level of dysorganization, such as nervousness due to increased tensions.

Presently, it is estimated that as many as 10 percent of the United States population will suffer from serious mental illness at some time during a life span. Each year over one million persons receive treatment in our mental hospitals and in the psychiatric wards of general hospitals. Mental disturbances are significant factors in criminal behavior, delinquency, suicide, alcoholism, narcotic addiction and divorce. Statistics on these "social ills" give an indication of mental disorder. Consideration should be given too, to the many unrecorded, unhappy individuals who cannot hold a job or get along with others, or even themselves. These individuals are spending so much of their energy resolving conflicts within themselves that they cannot perform at their optimal level of efficiency.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Develop a wholesome self-concept.
2. Specify basic personal needs of man, and summarize their effects on emotions and behavior.
3. Organize and integrate facts about physical growth and development which relate to their emotional well-being.
4. Analyze the ways in which emotions determine actions and effect decision-making.
5. Formulate criteria to serve as guides for interacting successfully with their environment, and which aid

them in their decision-making.

6. Formulate a value system which is appropriate to their culture, and is adequate to guide their behavior in ways that are acceptable to society.
7. Generalize about the characteristics of a mature person and how they relate to good emotional health.
8. Examine the characteristics and treatment of mental illness, and prescribe a personal plan of action designed to maintain emotional health.
9. Develop a widened vocabulary related to mental and emotional health.
10. To acquire a variety of acceptable physical outlets to relieve emotional stress.

B. Immediate objectives

The students in grades 7-9 should:

1. Recognize that a wholesome self-concept is essential to good emotional health.
2. Recognize and describe the basic personal needs of man, and interpret their affect on emotions and behavior.
3. Identify and describe the various aspects of physical growth and development which have an influence on emotional well-being.
4. Compare the different kinds of emotions.
5. Identify and describe skills necessary for successful interaction with their environment at home, in the school, and in the community.
6. Describe the process of decision-making and problem solving.
7. Relate the factors which contribute to emotional and social maturity.
8. Differentiate between good and bad manners in certain social situations, and discuss

the effects on emotional health.

9. List and discuss communication skills which can be of value in interpersonal relationships, and associate their use with maintaining emotional health.
10. Indicate the need for a code of ethics in interpersonal relationships, and associate its use with maintaining emotional health.
11. Identify and discuss good study habits, and associate their practice with maintaining emotional health.
12. Associate competence in work or employment with emotional health.
13. Distinguish the contributions that prejudices and social inadequacies make to emotional illness.
14. Identify the factors that affect their value systems and discuss ways to develop a more mature set of values.
15. Identify the characteristics of a mature person and associate them with good emotional health.
16. Compare the characteristics of a mature person with their own characteristics, and identify behavior which should be modified in order to develop maturity.
17. Describe the characteristics and treatment of various stages of mental illness.
18. Define terms related to mental and emotional health.

III. CONTENT OUTLINE

- A. Basic personal needs
 1. Physical
 2. Safety or security
 3. Love and affection
 4. Self-esteem
 5. Self-actualization
 6. Knowledge and understanding
 7. Aesthetic
- B. Emotions

1. Sources of emotions
2. Kinds of emotions
3. Physical aspect of emotions
- C. Toward better mental health
 1. Understanding growth and development
 2. Interacting successfully with environment
 3. Appropriate decision-making
- D. Developing emotional maturity
 1. Accept more responsibility
 2. Accept more responsibility for the welfare of others
 3. Interact in socially mature ways
- E. Developing social maturity
 1. Social ethics
 2. Freedom from cultural prejudices
 3. Acceptable interpersonal relationships
- F. Developing a value system
 1. Expression of individual's philosophy of life
 2. Balance between individual's need and expectations of society.
 3. Factors influencing values
 - a) Places lived
 - b) Year in which born
 - c) Values of parents
 - d) Values of close friends
 - e) School experiences
 - f) Religious training and spiritual growth
 - g) Total experiences of the individual
 4. Developing more mature values
 - a) Examine experiences of others
 - b) Accept what is meaningful
 - c) Respect the right of others
 - d) Reassess values periodically
- G. Characteristics of mature persons reflecting good emotional health
 1. Faces reality
 2. Adapts to change
 3. Makes wise choices

4. Defines long range goals
5. Reasonably independent
6. Relaxed—no undue tensions and anxiety
7. Respect and concern for others
8. Relates well to others—individuals and groups
9. Ability to love and express emotions
10. Works productively
- H. Mental illness
 1. Characteristics
 2. Treatment
 3. Attitude toward the mentally ill

IV. RESOURCES

- A. Printed material
 1. Books
 - a) Hein, Fred V., Farnsworth, Dana L., Richardson, Charles. **Living**, 5th ed. Chicago: Scott Foresman and Co., 1970.
 - b) Jones, Kenneth L.; Shainberg, Louis W.; and Byer, Curtis O. **Emotional and Neurological Health**. New York: Harper and Row Publishers, Inc., 1970.
 - c) Maslow, A.H. **Motivation and Personality**. New York: Harper and Row Publishers, Inc., 1970.
 - d) Reed, Donald A. **Looking In: Exploring One's Personal Health Values**. Englewood Cliffs: Prentice-Hall, Inc. 1977.
 - e) Stewart, Charles E., Executive Editor, **Life and Health**. New York: Random House, Inc. 1976.
 - f) State listed textbooks
 2. Sources for pamphlets and other printed material
 - a) Alabama Association for Mental Health
 - b) American Medical Association
 - c) National Association for Mental Health

- d) National Dairy Council
- e) National Education Association
- f) National Institute of Mental Health
- 3. Periodical
 - a) **Family Health Magazine**
 - b) **Psychology Today**
 - c) **World Health**
- B. Audio-visual sources
 - 1. Films
 - a) Alabama Association for Mental Health
 - b) Alabama Department of Mental Health
 - c) Coronet Films
 - d) McGraw-Hill Book Company
- C. Personnel
 - 1. School Guidance Counselor
 - 2. School Nurse
 - 3. Psychiatric Nurse

- 4. Representative of a mental health agency

V. ACTIVITIES

- A. Write papers about "yourself," including your dreams, aspirations, and fears.
- B. Discuss good and poor ways to settle family problems.
- C. Discuss good and poor ways to handle anger, fear, jealousy, joy, and pride.
- D. List qualities that make up a pleasant personality.
- E. Write a paragraph or two in answer to the following questions:
 - a) What do I like best about myself?
 - b) What do I like least about myself?
- F. Use role playing to dramatize family problems, and boy-girl

relationships.

- G. Have a panel discussion presenting the students' point of view and the parents' point of view.
- H. Make a sociogram for teacher use only.
- I. Draw up a good manners code for dating.
- J. Stage plays in which the emphasis is on character types. Try hard to portray the character.
- K. Discuss social skills necessary to getting along with all age groups.
- L. Conduct a buzz session on the responsibilities of the individual for maintaining emotional health in terms of himself, family, and community.
- M. Discuss the question, "How would I like to have me as a friend?"

NUTRITION

7-9

I. INTRODUCTION

Proper diet and nutrition is essential if a student expects to attain optimal potential in physical and mental development. A strong, healthy, attractive body is a priceless asset and good nutrition throughout life can help a person attain and maintain desirable health. Knowing what to eat and why is an essential foundation for eating practices which lead to good nutrition.

Students at the junior high school level are assuming more responsibility and maintaining more independence, and since nutrition is an area of personal responsibility, they need increased understandings commensurate with their changing roles and development. Proper nutrition is especially important for adolescents since they are experiencing such rapid growth. Increased awareness of and interest in special activities may result in an irregular schedule of living that leads to poor eating practices.

Adolescents are often hyper-sensitive and self-conscious, especially about their body structure and weight. As a result, they are prone to try fad diets and questionable food preparations. Since many health problems are directly related to what we do or do not eat, students need to better understand what these relationships hold for them in their lives.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Explain the importance of nutrition as it relates to achievement and appearance.
2. Generalize that adequate nutrition is essential to good health and normal growth and that nutritional needs change throughout life.
3. Acquire facts needed for determining whether a diet is adequate or inadequate, according to individual needs.
4. Analyze the nutrients, their functions, sources and requirements (RDA).

5. Establish good eating habits required for adequate nutrition and weight control.
6. List the foods that are approved for enrichment and fortification as well as the nutrients used.

B. Immediate objectives

The students in grades 7-9 should:

1. Recognize that nutritional status can enhance or deter physical, mental, or social attainments.
2. Apply the knowledge of different nutrients in making choices for daily meals.
3. Recognizing that it is possible to obtain all the essential nutrients by eating a balanced diet selected from a variety of foods.
4. Distinguish between food fads and fallacies, and diets based on scientific principles of nutrition.

III. CONTENT OUTLINE

A. Digestion

1. Structure and function of digestive system.
2. Auxiliary organs and their functions.
 - a) Liver
 - b) Gall bladder
 - c) Pancreas
3. Conditions affecting digestion
 - a) Appetite
 - b) Emotions
 - c) Exercise and rest

B. Function of nutrients

C. Diet and weight control

1. Caloric values of foods as related to total nutritive value
2. Factors to consider in dieting
3. Factors influencing body weight
 - a) Food intake
 - b) Energy output
 - (1) metabolism
 - (2) activity

c) Hereditary

D. Food Fads and Fallacies

IV. RESOURCES

A. Printed Materials

1. Books

- a) Berland, T. **Rating the Diets**. Skokie, Ill: Consumer Guide, 1975.
- b) Kirschman, J.D. **The Nutrition Almanac**. New York: McGraw-Hill, 1975.
- c) William, Melvin H. **Nutritious Aspects of Human Physical and Athletic Performance**. Springfield: Charles C. Thomas, 1976.

d) State listed textbooks

2. Sources For Pamphlets and Other Printed Material

- a) American Dental Association
- b) American Dietetic Association
- c) American Home Economics Association
- d) American Medical Association
- 3) Cereal Institute
- f) Metropolitan Life Insurance Company
- g) National Dairy Council
- h) Nutrition Foundation, Inc.
- i) Superintendent of Documents, U.S. Government Printing Office
- j) The Food and Nutrition Information and Education Materials Center National Agriculture Library, Room 304, Beltsville, Maryland 20705

3. Periodicals

- a) **Journal of Nutrition Education**—Society for Nutrition Education
- b) **Family Health Magazine**

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) American Medical Association

- c) Association-Sterling Films
- d) Coronet Films
- e) Encyclopedia Britannica Education Corporation
- f) Modern Talking Picture Service
- g) National Dairy Council
- h) Walt Disney

C. Personnel

- 1. Food Inspector

- 2. Lunchroom Manager
- 3. Home Economist

V. ACTIVITIES

- A. Tour the cafeteria kitchen and storage rooms and observe planning, preparing and serving school lunches.
- B. Plan and evaluate a week's menu for the school lunchroom.

- C. List snack foods eaten by students between meals and discuss the nutritive and caloric values.

- D. List foods eaten during a three day period and analyze them for nutrients and caloric content.

- E. Define a balanced diet and discuss the importance of good nutrition.

PERSONAL HEALTH

7-9

I. INTRODUCTION

Students in grades 7-9 are confronted with many new experiences. Frustrations and uncertainties are frequent. One of the primary interests of junior high school students is to learn more about "that wonderful machine," the human body. Grades 7-9 is a period in which most students enter puberty; it is a time when students need understanding and information.

One of the characteristics of students in this age group is that their abilities to reason and to see relationships between factors are more highly developed. Now the students are better equipped to comprehend WHY they should practice good health habits.

In this unit the areas of personal health that should be studied in grades 7-9 are proposed, and changes in student behavior (behavioral objectives) that should result from the presentation of these areas of study are suggested. The concept for the personal health unit at this level of study is that students in the seventh, eighth, and ninth grades are developing the ability to, and are facing the responsibility of MAKING THEIR OWN DECISIONS in regard to personal health.

II. BEHAVIORAL OBJECTIVES

A. Long-range objectives

The students in grades 7-9 should:

1. Formulate a body of knowledge concerning the structures and function of the body in order to relate such knowledge to the improvement of personal health.
2. Select ways of displaying respect and concern for the welfare of their bodies, which can result in well developed bodies that function at the optimal level.
3. Analyze the effect of emotions on personal health and the practice of acceptable social behavior.
4. Assess the value of the wise use of leisure in developing friendships, improving and maintaining health, and

prolonging the productive, satisfying years of life.

5. Explain the increased interest in the opposite sex as a natural characteristic of the process of growth and development.

B. Immediate objectives

The students in grades 7-9 should:

1. Describe the body machine as a functioning unit of many complicated parts.
2. Recognize individual differences in growth and development.
3. Describe the growth of the body and its relationship to the emotional and social aspects of life.
4. Describe the causes and proper treatment of complexion problems that beset many teenagers.
5. Relate newly acquired knowledge of the proper care of the body to the improvement of personal grooming.
6. Interpret the reciprocal relationships of physical health and emotions.
7. Interpret wise use of leisure as being an individual responsibility.
8. Illustrate the benefits of individual or small group activities in adult life.
9. Differentiate between the concepts of sex without love, and sex as an expression of love.
10. Compare feelings and attitudes preadolescents have toward the opposite sex with attitudes and feeling adolescents have.
11. Interpret the practice of going steady as advisable in some instances and not in others.
12. Record a scale of desirable characteristics which strengthen existing friendships and enhances the development of new ones.

III. CONTENT OUTLINE

A. Function of the body

1. Body systems and their functions
2. Main joints of the body
3. Glands of the body and their functions
4. Bones and muscles
5. Effect of stimulants and depressants on the body
6. Relationship of dental hygiene to health

B. Care of the body

1. Regular medical and dental examinations
2. Appearance
3. Problems related to the skin—blisters, athlete's foot, dry scalp, acne, dandruff, and body odors

C. Emotions

1. Emotions exhibited in normal living
2. Methods of relieving tensions or solving problems
3. Effect of emotions on growth and development
4. Effect of drugs upon emotions

D. Wise use of leisure time

E. Boy-girl relationship

1. Characteristics young people look for in choosing friends
2. Dating
3. Reasons for and against going steady
4. Puppy love, infatuation, mature love
5. Physical, social, psychological, and religious reasons for making wise decisions about sexual behavior

IV. RESOURCES

A. Printed material

1. Books

- a) Ensor, Phyllis, Henkel, Barbara and Means, Richard K. **Personal Health**. Boston: Allyn and Bacon, 1977.

- b) Mayer, Jean. **Health**. New York: D. Van Nostrand Company, 1974.
 - c) Read, Donald A. **Looking In: Exploring One's Personal Health Values**. Englewood Cliffs: Prentice-Hall, 1977.
 - d) Stewart, Charles E., Executive Editor, **Life and Health**. New York: Random House, Inc., 1976.
 - e) State listed textbooks
2. Sources for pamphlets and other printed material
- a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health
 - c) American Dental Association
 - d) American Medical Association
 - e) Metropolitan Life Insurance Company
 - f) National Dairy Council
 - g) National Society for the

- Prevention of Blindness
- h) Prudential Insurance Company of America
- i) Superintendent of Documents, U.S. Government Printing Office

3. Periodicals

- a) **Family Health Magazine**
- b) **Health Education**
- c) **Journal of School Health**

B. Audio-visual sources

1. Films

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) Alabama State Department of Education
- d) National Medical Audio-Visual Center

C. Personnel

- 1. Psychologist
- 2. Director of recreation
- 3. Dentist

- 4. Social worker
- 5. Doctor
- 6. Health educator
- 7. Nurse
- 8. Guidance counselor

V. ACTIVITIES

- A. Draw diagrams of body parts and list their functions.
- B. Write a theme on "The Use and Control of Emotions."
- C. Make a time-table of activities for seven days and illustrate to the class the wise or unwise use of leisure.
- D. Collect information showing that young people of the junior high school age group normally become interested in the opposite sex.
- E. Discuss the formation of plaque and its relationship to dental health.
- F. Discuss the undesirability of "spectatoritis" when it is the sole activity used for leisure time.

PREVENTION AND CONTROL OF DISEASE

7-9

I. INTRODUCTION

The fundamental social need expressed in recent federal and state legislation is to reduce to a minimum the lag between the discovery of new knowledge and its application. To assure the availability of and accessibility to the best health care for all Alabamians, regardless of age, geography, or economic status, innovation in health education is required.

Present research is producing new tools for perception of man as a biological system affected positively and negatively by interaction with an environment we helped to create. Because the prevention and control of disease requires modifying the behavior of each individual, the rapid advances in medicine can be fully utilized only when the people are properly informed about them, motivated to use them wisely, and willing to accept personal responsibility for health.

Emphasis in this unit should be placed on the prevention and control of disease, especially those diseases which are critical health problems within our state.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Organize and integrate the facts relating to the history of man's struggle to prevent and control disease, and analyze the effectiveness of the efforts of individual scientists in contributing to the goal of disease control.
2. Select proper and adequate preventive measures for disease control.
3. Formulate a personal plan of action for the prevention and control of disease, and determine the soundness of the actions.
4. Prescribe procedures for the eradication of disease through individual health practices.
5. Specify the relationship of the antigen-antibody reaction to immunity.

6. Develop improved health by formulating criteria to serve as guides for conscious modification of behavior.
7. Examine the methods and procedures utilized by private and governmental agencies for the prevention and control of various diseases.
8. Summarize the role of local, state, national, and international agencies in the implementation of disease control programs.
9. Explain the responsibilities that the individual in his age group has in today's society in terms of prevention and control of disease.
10. Develop a widened range of vocabulary related to the prevention and control of disease.
11. Organize and integrate health data presented through various media.
12. Formulate the idea that cultural background, socio-economic status, and ecology can have a profound affect upon the health status of individuals, families, communities, states, and nations.

B. Immediate objectives

The students in grades 7-9 should:

1. Identify scientists and interpret the significance of their contributions to man's progress in prevention and control of disease.
2. Identify their role in the prevention and control of disease.
3. Identify and distinguish between pathogenic micro-organisms.
4. Recognize the environmental factors that are causative agents of some diseases.
5. Recognize that social interactions are the primary means by which individuals encounter pathogenic micro-organisms.

6. Associate the control of communicable diseases with a break in the chain of infection.
7. Identify and discuss the factors affecting the growth of pathogenic micro-organisms.
8. Identify the portals of entry into the human body for pathogenic micro-organisms.
9. Describe and compare the natural body defenses against disease and the man-made body defenses against disease.
10. Identify the diseases to which they are personally immune.
11. Recognize and discuss various common communicable diseases in terms of the pathogenic agents involved, effect on man, sources of infection, mode of transmission, method of control, and the medical treatment warranted.
12. Identify and discuss the symptoms, prevention of risk reduction programs, and medical treatment of various noncommunicable diseases.
13. Define and use correctly terms related to disease which reflect the comprehension level appropriate for this age group.
14. Interpret health data presented through various media.
15. Identify and discuss cultural, socioeconomic and ecological factors which affect health status.

III. CONTENT OUTLINE

- A. History of man's struggle against communicable diseases
 1. Famous scientists
 2. Discoveries through research
- B. Pathogenic micro-organisms
 1. Definitions
 - a) Bacteria
 - b) Fungi

- c) Viruses
- d) Rickettsiae
- e) Protozoa
- 2. Transmission of pathogenic micro-organisms
 - a) Direct transmission (person to person contact)
 - b) Indirect transmission
 - (1) Improper waste disposal
 - (2) Polluted water
 - (3) Contaminated food
 - (4) Contaminated soil
 - (5) Insect and animal bites
 - (6) Air-borne discharges
 - (7) Fomites
 - (8) Uncleanliness
- 3. Factors affecting the growth of pathogenic micro-organisms
 - a) Oxygen
 - b) Temperature
 - c) Moisture
 - d) Light
 - e) Time
- 4. Portals of entry
 - a) Nose
 - b) Mouth
 - c) Break in skin
 - d) Fecal and urinary orifices
- C. Body defenses
 - 1. Skin
 - 2. Mucous membranes
 - 3. White blood cells
 - 4. Antibodies and antitoxins
- D. Immunity
 - 1. Definitions
 - 2. Types of immunity
 - a) Natural and acquired
 - b) Active and passive
- E. Common communicable diseases
 - 1. Diseases to be considered
 - a) Gonorrhea
 - b) Hepatitis
 - c) Hookworm
 - d) Mononucleosis
 - e) Rabies
 - f) Smallpox

- g) Syphilis
- h) Tetanus
- i) Tuberculosis
- 2. Factors to consider
 - a) Pathogen
 - b) Symptoms
 - c) Effects on man
 - d) Sources of infection
 - e) Modes of transportation
 - f) Methods of control
 - g) Medical treatment
- F. Noncommunicable diseases
 - 1. Diseases to consider
 - a) Respiratory
 - b) Cardiovascular
 - c) Vitamin deficiency
 - d) Chronic muscle and joint disorders
 - e) Skin diseases and allergies
 - 2. Factors to consider
 - a) Symptoms
 - b) Prevention or risk reduction programs
 - c) Medical treatment

IV. RESOURCES

A. Printed material

1. Books

- a) Bension, Abram S. **Control of Communicable Diseases in Man**, 12th ed. Washington D.C.: The American Public Health Association, 1975.
- b) Frabisher, M.; Somermeyer, L.; and Fuerst, R. **Microbiology in Health and Disease**. Philadelphia: W.B. Saunders Co., 1969.
- c) Henkel, Barbara O.; Means, Richard K.; Smolensky, Jack; and Sawrey, James M. **Foundations of Health Science**. 3rd ed. Boston: Allyn and Bacon, Inc., 1977.
- d) Hoffman, Normal S. **New World of Health**. New York: McGraw-Hill Book Company, 1977.

e) Smith, Alice Loraine. **Principles of Microbiology**. St. Louis: C.V. Mobsy Co., 1969.

f) State listed textbook

2. Sources for pamphlets and other printed material

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) American Dental Association
- d) American Medical Association
- e) Metropolitan Life Insurance Company
- f) National Dairy Council
- g) National Society for the Prevention of Blindness
- h) Prudential Insurance Company of America
- i) Superintendent of Documents, U.S. Government Printing Office

3. Periodicals

- a) **Family Health Magazine**
- b) **World Health**

B. Audio-visual sources

1. Films

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) Alabama State Department of Education

C. Personnel

- 1. Public health nurse
- 2. Physician
- 3. County health official

V. ACTIVITIES

- A. Design a bulletin board display with communicable diseases control as the theme.
- B. Compete for the best scrapbook related to diseases.
- C. Survey the extent of the local

venereal disease problem, and cite the measures being utilized by the health department to control the problem.

- D. Plan a role playing situation in the classroom for a demonstration of problem-solving in disease prevention and control.

- E. Apply knowledge of disease control to the indexing of local agencies involved.

- F. Conduct a panel discussion on the responsibilities of the individual in terms of the prevention and control of disease in today's society.

- G. Write a plan of action for maintenance of health, including scheduling of immunizations and health examinations.

- H. List personal health deficiencies and formulate a plan of action.

SAFETY AND ACCIDENT PREVENTION

7-9

I. INTRODUCTION

Accident prevention, safety, and first-aid are certainly some of the watchwords of our day. It is difficult to visualize that by this time tomorrow thousands of people in this country will have suffered some type of accident while they were "safe" at home. This is only in the home, and it refers to a situation where safety should have been observed and where first-aid should have been or will be administered to the victim. There are, of course, many more places and situations where accidents take place.

People of this country need to become more safety conscious and have a better fundamental knowledge of the methods and procedures of first-aid. Statistics show that more children die each year and suffer more permanent injury as a result of accidents than from any other cause. Figures which apply to our children can be almost doubled when the adult-related accidents are added. Most of the tragic deaths and injuries could be prevented by adequate safety precautions or immediate and knowledgeable first-aid treatment.

Everyone should become aware of the importance of safety education and first-aid. Students can be educated to prevent accidents, to save lives, to develop safety habits and skills, and to properly administer first-aid and medical self-help. They should know when and where to make the important and wise decisions when the possibility of injury to oneself or others is one of the factors involved.

Through safety campaigns, safety education courses, basic instruction in first-aid procedures, and an understanding of the predisposing factors that may cause accidents, progress can be made in cutting down the terrible toll in lives and injuries exacted from our population every minute of every day.

Medical Self-Help should be taught in the seventh grade to provide basic knowledge of self-help to every individual. Working together, the individual, the school, and the community will make the task much easier. It can be done . . . it has to be done.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Formulate good attitudes, habits, and skills for safe living in everyday life.
2. Analyze environmental hazards and methods by which they might be eliminated.
3. Analyze individual responsibility for observing and enforcing safety regulations.
4. Evaluate the purpose of regulations and rules of traffic safety, and analyze the methods and provisions for enforcement.

B. Immediate objectives

The students in grades 7-9 should:

1. Recognize and describe safety hazards in and around the community, the home, the school, the water, park and recreation areas, and highways; cite preventive measures applicable to each situation.
2. Identify techniques of first-aid, medical self-help, and accident prevention, and indicate when each technique or practice would be advisable.
3. Cite reasons for assuming individual responsibility for the safety of self and others, and for establishing measures to prevent accidents.

III. CONTENT OUTLINE

A. Homes can be accident proofed

1. Falls
 - a) Accident survey
 - b) Checklist for safety hazards in environment
2. Fires
 - a) Use of smoke detectors
 - b) Escape possibilities
 - c) Hazards
 - (1) Burns

(2) Poisons

d) Kitchen safety

(1) Liquids

(2) Grease fire

(3) Stove, ovens, grills, etc.

3. Safe use of the lawn mower

a) Hazards

b) Safety practices

4. Firearms

a) Care and storage of arms and ammunition

b) Hunting

5. Baby-sitter

a) Responsibilities

b) Emergencies

6. Electrical safety

a) Appliances (large and small)

b) Wires, fuse box, dampness

c) Fans or motors

d) Faulty wiring

7. Farm safety

a) Machinery

b) Domestic animals

c) Pesticides and poisons

B. Schools can be accident-proofed

1. Buildings

a) Corridors and stairs

b) Gymnasium and locker rooms

c) Lunchroom

2. Vocational shop

a) Care of tools

b) Home economics kitchen

3. Laboratories

a) Storage

b) Use of materials

4. Fires

a) Drills

b) Signs, posters, bulletin boards

c) Inspection

5. Safety for outside areas

a) Unorganized activity

b) Apparatus

c) Paved and unpaved areas

d) Traffic

- 6. Weather
 - a) Protective measures
 - b) Detection and reporting
- 7. Traffic safety
 - a) Motorcycle
 - (1) Attire
 - (2) Rules
 - (3) Courtesy
 - b) Buses
 - (1) Conduct
 - (2) Loading-unloading
- C. Traffic can be accident proofed
 - 1. Pedestrians
 - a) Habits
 - b) Intersections
 - c) Signal lights
 - d) Night walking
 - e) Face traffic
 - 2. Bicycle
 - a) Highway signals
 - b) Bicycle lights, reflectors-night riding
 - c) Sidewalk riding
 - d) Riding double
 - e) Correct equipment
 - 3. Motorcycle
 - a) Traffic signs and rules
 - b) Helmets and other protective equipment
 - c) Care and inspection
 - 4. Passengers
 - a) Seat belts
 - b) Avoiding overload
 - c) Need to be seated
- D. Water and recreational activities can be accident proofed
 - 1. Swimming
 - a) Area
 - b) Alone
 - c) Life-saving
 - d) Faking danger
 - 2. Boating and fishing
 - a) Safety rules
 - b) Overloading
 - c) Alone
 - d) Life preserver
 - 3. Water skiing
 - a) Safety rules
 - b) Attire

- c) Conduct
- 4. Camping
 - a) Planning
 - b) Fire precautions
- E. First aid
 - 1. Course
 - 2. Kit
- F. Medical self-help
 - 1. Radioactive fallout and shelter
 - 2. Healthful living in emergency situations
 - 3. Artificial respiration
 - 4. Bleeding and bandaging
 - 5. Fracture and splinting
 - 6. Transportation of the injured
 - 7. Burns
 - 8. Shock
 - 9. Nursing care of the sick and injured
 - 10. Infant and child care

IV. RESOURCES

- A. Printed material
 - 1. Books
 - a) American National Red Cross. **First Aid Textbook**. New York: American National Red Cross, 1971.
 - b) Jenne, Frank H., and Greene, Walter, H. **Turner's School Health**. St. Louis: C.V. Mosby, 1976
 - c) Parcel, Guy S. **First Aid in Emergency Care**. St. Louis: Mosby, 1977.
 - d) National Safety Council. **Accident Facts**. Latest edition.
 - e) State listed textbooks
 - 2. Sources for pamphlets and other printed material
 - a) Alabama Department of Public Health
 - b) Alabama State Department of Education
 - c) Metropolitan Life Insurance Company
 - d) National Safety Council
 - e) U.S. Department of Health, Education, and Welfare

- B. Audio-visual sources
 - 1. Films
 - a) Alabama Department of Public Health
 - b) Alabama State Department of Education
- C. Personnel
 - 1. Physician
 - 2. Policeman
 - 3. Panel of athletes
 - 4. Army personnel
 - 5. Electrical worker
 - 6. Agriculture teacher, physical education teacher, home economics teacher to discuss hazards of shops, kitchens, and shower rooms
 - 7. Rescue squad representative

V. ACTIVITIES

- A. Visit an ambulance service.
- B. Study current safety laws.
- C. Map fire drill exits for the school.
- D. Develop a fire escape route for home.
- E. Prepare slogans, cartoons, and posters for safety at home and school.
- F. Make an accident survey of the home or school to find common accident hazards.
- G. Survey avoidable hazards of part-time jobs.
- H. Visit a farm and make a check-list of farm hazards.
- I. Prepare first-aid kits for classrooms.
- J. Inspect school buildings for fire hazards.
- K. Plan and implement a "severe weather drill" at school.
- L. Practice the "Heimlich Maneuver" for aiding victims of strangulation and choking.
- M. Practice mouth-to-mouth resuscitation on a manikin.
- N. Schedule a bicycle safety inspection for elementary students.
- O. Conduct special safety projects or programs prior to holidays.

TOBACCO

7-9

I. INTRODUCTION

Smoking is thought by some to be an acceptable practice in our society; therefore, it seems useless to try to change student attitudes merely by bombarding them with facts that support the idea that smoking is harmful to health. Vigorous young people are too busy leading a carefree and energetic life to comprehend the possibility that their smoking habit may be shortening or greatly impairing their very lives.

To educate, we must change attitudes. How should we as teachers approach this problem of smoking? First, we must ask ourselves, what psychological and social needs does smoking fulfill? Reasons might well be: to follow the gang, to express independence, to release tension by using the hands, to retaliate against adult authority, or to be like parents.

Roy L. Davis, former Chief, Community Program Development Section, National Clearing House for Smoking and Health, had the following to say in relation to the individual aspects of smoking: "If there is one thing we have learned about smoking, it is that taking up, continuing, or dropping that habit is a highly individual matter."¹ Here we must consider the child's environmental background and his own unique reason for smoking before we can prescribe which approach to follow in helping the student acquire healthful attitudes.

Should teachers use the conventional method of lecturing to disseminate a great deal of facts and hope that attitudes and behavior will be changed, or it is better for teachers to try to involve the students in projects or workshops to achieve this goal? Educators would probably agree that the latter method should be utilized whenever possible; when students get involved, more learning takes place and there is a greater chance for attitude and behavior patterns to be changed.

In a pamphlet prepared by the American Cancer Society in 1965, an

important point was stressed: "Those who start smoking early in life, smoke more, inhale more, and run a far greater risk of illness, disability and loss of life than those who begin later, or never begin."² With this fact in mind, junior high school teachers should make a concentrated effort to prevent the onset and development of this socially attractive but healthfully detrimental habit.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 7-9 should:

1. Evaluate the research findings about smoking.
2. Assess the reasons people smoke and select alternate choices.

B. Immediate objectives

The students in grades 7-9 should:

1. Identify their attitudes concerning smoking.
2. Discuss the development of the smoking habit.
3. Describe the advertising techniques used to encourage smoking and tobacco sales.
4. State the physiological effects of smoking on the human body.
5. Identify accident hazards related to smoking.
6. Discuss methods of breaking the smoking habit.

III. CONTENT OUTLINE

A. History of tobacco and its use

1. Nature of the plant
 - a) Physical
 - b) Chemical
2. Origin
3. Description of popular forms
 - a) Cigars
 - b) Cigarettes

- c) Smoking tobacco (pipes)
 - d) Chewing tobacco
 - e) Snuff
4. Effects on American economy
 - a) Growing
 - b) Marketing
 - c) Manufacturing
 - d) Advertising
 - e) Distribution
 - f) Taxes

B. Reasons for beginning to smoke

1. Psychological and social
 - a) Peer acceptance
 - b) Tenseness resulting in the need to do something with the hands
 - c) Rebellion against adult authority
 - d) Desire to feel grown up
 - e) Desire to feel glamorous
 - f) Curiosity
 - g) Enjoyment
 - h) Tension
 - i) Influenced by advertising
 - j) Emulation
 - k) Weight reduction

C. Detrimental results of smoking

1. Central nervous system
 - a) Medulla
 - b) Equilibrium
 - c) Sensitivity
 - d) Vision
2. Heart and blood vessels
 - a) Blood pressure
 - b) Hardening of arteries
 - c) Strokes
 - d) Coronary heart disease
3. Respiratory system
 - a) Cancer of upper respiratory tract
 - b) Cancer of the lungs
 - c) Emphysema
 - d) Bronchitis
 - e) Pneumonia
4. Accidents
 - a) Smoking in bed
 - b) Smoking in volatile areas

¹National Education Association, "Classroom—Tested Techniques for Teaching About Smoking," *NEA Journal*, LVI, (December 1967), 37-52.

²American Cancer Society, *Cigarette Smoking and Lung Cancer* (New York: American Cancer Society, Inc., 1965).

- c) Smoking while driving
- D. Reasons cited for the continuation of smoking
 1. Weight control
 2. Pleasure of smell or taste
 3. Concentration
 4. Bolsters self-confidence
 5. Helps performance in tense situations
 6. Relaxation
 7. Dependency
- E. Ways to stop smoking
 1. Withdrawal clinics
 2. Smoking programs
 3. Workshops
- F. Legislation
 1. FCC ban on advertisements of cigarettes
 2. Surgeon General's warning on cigarette packages
 3. Sale to minors
 4. Pending legislation

IV. RESOURCES

- A. Printed material
 1. Books
 - a) American Alliance for Health, Physical Education and Recreation. **What Education Can Do About Cigarette Smoking.** Washington, D.C.: AAHPER, 1971.
 - b) Henkel, Barbara O.; Means, Richard K.; Sawrey, James M.; and Smolensky, Jack. **Foundations of Health Science.** Boston: Allyn and Bacon, 1977.
 - c) Ochsner, Alton. **Smoking: Your Choice Between Life and Death.** New

York: Simon and Schuster, Inc. 1971.

- d) Royal College of Physicians of London. **Smoking and Health Now.** Philadelphia: J.B. Lippincott Co., 1971.
- e) Schaller, Warren. **Alcohol, Tobacco and Drugs: Their Use and Abuse.** Englewood Cliffs: Prentice-Hall, 1977.
- f) State listed textbooks
- 2. Sources for pamphlets and other printed material
 - a) Alabama Heart Association
 - b) Alabama Lung Association
 - c) American Cancer Society, Alabama Division
 - d) Department of Health, Education and Welfare—U.S. Public Health Service
 - e) National Clearinghouse on Smoking and Health
 - f) Superintendent of Documents, U.S. Government Printing Office
- 3. Periodicals
 - a) **Medical Bulletin on Tobacco.** American Public Health Association
 - b) **Family Health Magazine**
- B. Audio-visual sources
 1. Films
 - a) Alabama Department of Education, Drug Education
 - b) Alabama Department of Public Health
 - c) Alabama Heart Association

- d) Alabama Lung Association
- e) American Cancer Society, Alabama Division
- f) McGraw-Hill Book Company

C. Personnel

1. A member of the staff of the local chapter of the American Heart Association, the American Cancer Society, or the Lung Association
2. A local physician or nurse
3. State Department of Education specialist.

V. ACTIVITIES

- A. Record why adults and teenagers smoke or do not smoke.
- B. Compute the annual expense of smoking one pack of cigarettes each day.
- C. Collect and evaluate advertisements from magazines, television, and radio.
- D. Have a poster contest, using the hazards of smoking as a theme.
- E. Rewrite current advertising slogans.
- F. Check the medical records of smokers and nonsmokers
- G. Collect newspaper articles about fires started by smokers.
- H. Draft experiments to demonstrate the effect of smoking on the lungs.
 - I. Discuss ways to stop smoking.
- J. Compute the nicotine and tar content of different brands of cigarettes.

OVERVIEW

10-12

The high school health curriculum must be involved with the fundamental problems of modern society. If optimal health is to be gained by high school students, the curriculum must provide opportunities for students to acquire knowledge, attitudes and behavioral changes which will result in living a quality life. Concepts, understandings, and practices must enable these young adults to make decisions regarding such factors as nutrition, drugs, sexuality, ecology, and consumer health. Health as defined by the World Health Organization is "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." The health experiences

for the high school student must reflect this quality of health.

The school years of grades 10 through 12 involve extensive physical, social, and psychological adjustments for high school students. Physically, the students are approaching adulthood. They are reaching maturity in skeletal and muscular development. Similar status is evident for the circulatory, respiratory, digestive, nervous and glandular systems.

Socially students have moved away from the social circle of the family and are concerned with behavior applicable to their own personal lives. They are experiencing a need to conform to

the adult standards rather than the standards of peers as they seek experiences that will enable them to become active members of society. Psychologically this age student is in a period of emotional stress and strain. This is one of the most varied and trying periods of his life.

Senior high school students are endeavoring to become independent members of society. The health curriculum must reinforce their previous positive health experiences and help them establish patterns of behavior that will be compatible with adult health needs, interests and responsibilities.

ALCOHOL

10-12

I. INTRODUCTION

Man for centuries has used habit-forming stimulants and depressants. In some instances they were used as a part of religious ceremonies; in others they were used to promote feelings of fellowship and good will. Often they have been used for medicinal purposes and to ease the strain of adjusting to a self-created environment. As the tensions of living increase, dependency on some habit-forming substances seems to increase.

The challenge to educators is to present alcohol education in a sound, understandable approach that will make sense to youth and assist them in making intelligent decisions about drinking. If a basic goal of education is to provide experiences through which young people can learn to handle personal decisions, then the problems stemming from the irresponsible use of alcoholic beverages may appear high on the list of priorities.

Concentrating on the consequences of uncontrolled drinking—poverty, broken homes, crime, disease, broken health, and social and economic waste—alarming as they are, does not convince average teen-agers that that sort of thing can happen to them or their friends. Young people face one immediate and likely consequence of drinking—intoxication. Alcoholism, to them, is only a distant possibility, and automobile accidents due to drinking happen only to the other guy. These two serious consequences must somehow be impressed upon the student.

Effective secondary level programs of guidance and specialized activities, in addition to direct instruction about alcohol, may offer opportunities for growing personalities to learn to use their environment for personal achievement and satisfaction. These programs may include recreative activities or hobbies, enjoyable work, or creative outlets.

A crucial problem in alcohol education is helping individuals to understand themselves, their emerging personalities, their emotional needs, and what can be done about them in order to reach personal goals in life. An examination of the role of drinking can become relevant to them.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Select and analyze objective, unbiased, scientific information concerning the use of alcohol and its effects on the individual and society.
2. Formulate their own feelings and attitudes about drinking, using accurate information as a basis.
3. Develop a sense of responsibility for their individual welfare and that of others with regard to the proper use of alcohol.
4. Develop insight into their behavior and feelings in social situations involving the use of alcoholic beverages.
5. Analyze the medical, social, and economic problems caused by or associated with the misuse of alcohol.

B. Immediate objectives

The students in grades 10-12 should:

1. Cite the effect of alcohol on the major systems of the body.
2. Discuss the absorption and elimination of alcohol.
3. Define rehabilitation. Name the types of treatment, the costs, and the methods of financing rehabilitation of alcoholics.
4. Name and describe voluntary groups which assist in the rehabilitation of alcoholics.
5. Discuss the emotionally mature and immature individual, and note the characteristics of each which would make him/her subject to alcohol abuse.
6. Discuss the pros and cons of teen-age drinking.
7. Identify state and local agencies which are available to help the person with emotional and /or drinking problems.
8. Discuss the reasons people

use alcohol.

9. Identify and discuss personal and community problems which are alcohol-related.
10. Understand the process whereby revenue is derived from taxing alcoholic beverages.

III. CONTENT OUTLINE

A. Personal and community problems which are alcohol related

1. Effects on the individual and the family
2. Social
3. Illness
4. Expense
5. Accidents
6. Crime

B. Effects of alcohol on the body systems

C. Alcoholism

1. Nature of alcoholism and the alcoholic
2. Phases of alcoholism
3. Treatment of alcoholism
 - a) Alcoholics Anonymous
 - b) Medical therapy
 - c) Governmental and private programs
 - d) Psychology

IV. RESOURCES

A. Printed material

1. Books

- a) Jenne, Frank H. and Greene, Walter H. **Turner's School Health and Health Education.** St. Louis: C.V. Mosby, 1976
- b) Jones, Kenneth L.; Shainberg, Louis W.; and Byer, Curtis O. **Health Science**, 2nd edition, New York: Harper and Row Publishers, 1971.
- c) Schaller, Warren, Worick, Wayne W. **Alcohol, Tobacco and Drugs. Their Use and Abuse.** Englewood Cliffs Prentice-Hall, 1977.
- d) State listed textbooks

2. Sources for pamphlets and other printed material
 - a) Alabama Department of Mental Health
 - b) Alabama State Department of Education Drug Education Unit
 - c) Department of Health Education and Welfare
 - (1) U.S. Public Health Service
 - d) National Institute of Mental Health, Division of Alcohol Abuse and Alcoholism
 - e) National Institute on Alcohol Abuse and Alcoholism
 - f) Rutgers Center of Alcohol Studies
3. Periodicals
 - a) **Quarterly Journal of Studies on Alcohol**—Center of Alcohol Studies
 - b) **Family Health Magazine**
 - c) **World Health**

B. Audio-visual sources

1. Films
 - a) Alabama Department of Mental Health
 - b) Alabama Department of Public Health
 - c) Alabama State Department of Education
 - d) Encyclopaedia Britannica Educational Corporation
 - e) Sid Davis Productions

C. Personnel

1. State Department of Health
2. Law enforcement officer
 - a) Local
 - b) State Department of Public Safety
3. Alabama Department of Mental Health
4. Alabama Mental Health Association
5. Alabama Regional Mental Health Association
6. Religious leaders

V. ACTIVITIES

- A. Conduct role playing to illustrate a situation in which a person is refusing a drink of alcohol.
- B. Discuss the personal and social effects of excessive drinking.
- C. Conduct a Symposium on the topic, "Effects of Alcohol on:
 1. the Individual,
 2. the Family,
 3. the Employer, and/or
 4. the Community."
- D. Conduct scientific experiments related to alcohol—biology, chemistry, home economics.
- E. Visit a rehabilitation center for alcoholics.
- F. Hold rap sessions on alcohol use and abuse in modern society..
- G. Discuss the effect of alcohol upon physical performance in physical education and driver education.

CONSUMER HEALTH

10-12

I. INTRODUCTION

Consumers are constantly faced with decisions concerning the selection of a variety of health aids and services. Many people are uncertain from whom they should seek medical counsel, or are unable to locate the professional help they desire. Other people needing hospitalization find some hospitals overcrowded, understaffed, or beyond the family income. Some families needing adequate health and medical insurance discover it is not available to all families. To complicate the decision-making, charlatans use a sophisticated manner to tempt the consumer with worthless remedies.

A unit in consumer health should provide high school students with knowledge which will enable them to make wise and positive decisions about the purchase and utilization of health aids and services.

II. BEHAVIORAL OBJECTIVES

A. Long-range objectives

The students in grades 10-12 should:

1. Critically analyze the role of a discriminating consumer and evaluate the factors which influence the purchase of health aids, health programs, and health services.
2. Assess the specific purposes of agencies which provide protection for the average consumer.
3. Examine health agencies available to the consumer and evaluate the services provided.
4. Appraise the quality of medical advertisements.

B. Immediate objectives

The students in grades 10-12 should:

1. Define and discuss good health aids, health services, and health programs.
2. Compare the quality and scope of selected health insurance plans.
3. Discuss the merits and costs of specific services provided by hospitals and clinics.

4. Distinguish between sound medical advice and health misconceptions.
5. Discuss the necessity of health insurance.
6. Describe the effects of a national health insurance plan in our society.
7. Compare the merits of a national health insurance plan versus private health insurance.

III. CONTENT OUTLINE

A. The high cost of health problems

1. Loss of productivity and income
2. Major causes of death and disability
3. Cost of treatment

B. Facilities for patient care

1. Clinics and nursing homes
2. Hospitals
 - a) Governmental
 - b) Voluntary
 - c) Proprietary
3. Accreditation
4. Selection of a hospital
5. Decisions before entering a hospital

C. Health insurance

1. Private health insurance programs
 - a) Hospital
 - b) Medical
 - c) Loss of income
 - d) Dental care
 - e) Specific disease plans
 - f) Accident
2. Medicare and Medicaid
3. Purchasing health insurance
 - a) Types of health care
 - b) Extent of coverage desired
 - c) Underwriting organizations
 - d) Contract provisions

D. Medical misconceptions

1. Food and nutritional fads
2. Weight reducing aids
3. Cancer and arthritis cures

4. Health cults

5. Patent medicines

E. Quackery

F. Federal, state, and local health agencies which offer services available to everyone

1. Local and state agencies

- a) Housing and Urban Development
- b) Appalachian
- c) Health Planning
- d) Office Of Equal Opportunity
- e) Public Health Department
- f) Medical Association
- g) Dental Association
- h) Hospitals
- i) Welfare organizations
- j) Voluntary agencies
- k) Vocational Rehabilitation
- l) Office of Consumer Affairs

2. Federal—National

- a) Department of Health, Education and Welfare
 - 1) Food and Drug Administration
 - 2) Bureau of Health Education
 - 3) Public Health Service
- b) Voluntary agencies
- c) Department of Agriculture
- c) National Institute of Mental Health
- d) Children's Bureau
- e) Consumer Products Safety Commission

G. Health careers

1. Types
2. Qualifications
3. Sources of training
4. Opportunities

IV. RESOURCES

A. Printed material

1. Books

- a) Cornacchia, Harold J. **Consumer Health**. St. Louis: C.V. Mosby, 1976.
- b) Haag, Jessie Helen. **Consumer Health**. Philadelphia: Lea and Febiger, 1976.

- c) Hoffman, Norman S. **A New World of Health.** New York: McGraw-Hill Book Company, 1977.
 - d) **A Survey of Consumer Health Education Programs Final Report.** Arthur D. Little, Inc. U.S. Department of Health Education and Welfare, Washington, D.C., 1976.
 - e) State listed textbooks
2. Sources for pamphlets and other printed material
- a) American Cancer Society
 - b) American Dental Association
 - c) American Hospital Association
 - d) American Medical Association
 - e) American National Red Cross
 - f) Department of Health, Education and Welfare
 - (1) Food and Drug Administration

- (2) U.S. Public Health Service
 - g) National Better Business Bureau
 - h) U.S. Government Printing Office
3. Periodicals
- a) **American Journal of Public Health—** American Public Health Association
 - b) **Consumer's Report —** Consumer's Union of the United States
- B. Audio-visual sources
- 1. Films
 - a) Alabama Department of Public Health
 - b) American Medical Association
 - c) Coronet Films
 - d) McGraw-Hill Book Company
- C. Personnel
- 1. Physician
 - 2. A representative from Social Security

- 3. Hospital administrator
- 4. Insurance specialist
- 5. Pharmacist
- 6. Representative from a nursing home

V. ACTIVITIES

- A. Analyze various insurance policies for comprehensiveness of the coverage provided.
- B. Compute the actual cost of a health insurance policy and contrast the actual cost of treatment for illnesses without insurance.
- C. Critically analyze medical advertisements.
- D. Interview senior citizens concerning their ideas about a national health insurance plan.
- E. Survey the health misconceptions held by a particular group.
- F. Discuss the specific services provided by clinics and nursing homes.

DENTAL HEALTH

10-12

I. INTRODUCTION

Dental health education for young adults in senior high school should involve factors related to responsibilities which they will soon face as responsible adults, citizens, and taxpayers.

A mature approach to personal oral hygiene, built upon knowledge gained in lower grades, is needed. At this stage students also need instruction in the scientific basis of oral disease causes and prevention, careers in dentistry, dental consumerism, and community and school oral health projects.

The American Dental Association has adopted a statement of objectives of a community dental health program that might be paraphrased to apply to a school health program. These objectives are:

- (1) To help every student appreciate the importance of a healthy mouth;
- (2) To help every student appreciate the relationship of dental health to general health and appearance;
- (3) To help all parents become aware of their child's dental defects and the possible consequences of untreated defects;
- (4) To encourage the observance of good dental health practices, including personal care, professional care, proper diet, and oral habits;
- (5) To enlist the aid of all groups and agencies interested in the promotion of school health;
- (6) To correlate dental health activities with the total school health program;
- (7) To stimulate the development of resources for making dental care available to all children and youth; and
- (8) To stimulate all dentists to be active in their community dental health education programs.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Create an individual concern for dental health that will contribute to their current and future well being.
2. Formulate an understanding of the prevention and control of dental diseases.
3. Assess the relationship of diet to dental health.
4. Analyze a career in dentistry and/or related dental fields.
5. Evaluate new developments in modern dentistry.

B. Immediate objectives

The students in grades 10-12 should:

1. Evaluate the long range economical benefits of good oral hygiene, professional consultation, and periodic care.
2. Recognize the need for dental health programs at local and state levels.
3. Identify the types of dental careers.
4. Record and discuss the new developments in dental research.
5. Demonstrate a knowledge of dental care availability and methods for obtaining and paying for services.

III. CONTENT OUTLINE

A. Dental diseases and disorders

1. Identification of various disorders
 - a) Dental caries (cavities)
 - b) Periodontal diseases (Gingivitis, Periodontitis, Vincent's Disease)
 - c) Malocclusion
 - d) Missing teeth
 - e) Oral cancer, benign tumors and cysts
 - f) Impacted teeth
 - (a) Cause
 - (1) Not enough room on jaw bone for wisdom teeth
 - (b) Treatment

(1) Dentist

(2) Located by x-ray

2. Prevention of dental disease and disorders

- a) Plaque removal and oral hygiene
- b) Diet and dental health—sugars and acid production
- c) Retardation of bacteria
- d) Fluorides

(1) Community water fluoridation

(2) Topical fluorides

(3) Dietary fluorides

(4) Self-applied fluorides

e) Reasons for regular dental visits

f) Smoking as related to oral cancer

3. Personality and economic aspects of oral disease and disorders

- a) Abnormalities and dysfunction
- b) Expense of dental neglect
- c) Detrimental to appearance
 - (1) Psychological problems
 - (2) Social acceptance
 - (3) Employment

B. Dental careers and related fields

1. Dentist
2. Dental Hygiene
3. Dental Assisting
4. Other related fields

C. Dental consumerism

1. How to select a dentist
2. How to evaluate oral health aids and products
3. Budgeting for dental health needs
4. Methods of payment for dental services
5. Economy of personal oral hygiene practices

IV. RESOURCES

A. Printed material

1. Books
 - a) Henkel, Barbara O.; Means, Richard K;

Sawrey, James M.; and Smolensky, Jack. **Foundations of Health Science**, 3rd ed. Boston: Allyn and Bacon, 1977.

- b) Jenne, Frank H. and Greene, Walter H. **Turner's School Health and Health Education**. St. Louis: C.V. Mosby, 1976.
 - c) Stoll, Frances., Catherman, Joan. **Dental Health Education** 5th ed. Philadelphia: Lea and Febiger, 1976.
 - d) State listed textbooks
2. Sources for pamphlets and other printed material
- a) Alabama Dental Association
 - b) Alabama Department of Public Health
 - c) American Dental Association
 - d) Department of Health,

Education, and Welfare
(1) U.S. Public Health Service

- e) Encyclopedia Britannica Educational Corporation
 - f) National Dairy Council
3. Periodicals
- a) **Journal of the American Dental Association** — American Dental Association
 - b) **Family Health Magazine**
 - c) **World Health**
- B. Audio-visual sources
- 1. Films
 - a) Alabama Department of Public Health
 - b) American Dental Association
 - c) Encyclopedia Britannica Educational Corporation
 - d) Metropolitan Life Insurance Company
- C. Personnel
- 1. Dentist to discuss oral health

- 2. Sanitation engineer or local water works operator
- 3. Representatives from local or state health department

V. ACTIVITIES

- A. Discuss what citizens can do to ensure a fluoridated water supply.
- B. Write a report on the relationship of nutrition to dental health.
- C. Arrange a panel discussion and a question-answer period using dental research as a topic.
- D. Discuss budgeting and payment for dental services.
- E. Discuss prevention vs. treatment as related to oral health.
- F. Discuss parental responsibilities for oral health of children.
- G. List private and public dental service agencies.

DRUGS

10-12

I. INTRODUCTION

Drug education at the senior high school level should be directed toward reinforcing and increasing prior understandings of drugs and their use and abuse in American society. Since these students are moving into adulthood, increased emphasis should be given to drug use as a family and community concern. The social economic and legal connotations of drug abuse should be examined more comprehensively.

A deeper study of the drug user and the drug abuser is needed, including medical and legal considerations of the addict in American society. A greater understanding of drug users and the characteristics which predisposition them to abuse drugs may aid the high school student in making wise choices concerning drug use.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Evaluate some of the psychological, physiological, cultural, and social factors leading to drug abuse.
2. Examine the many facets of drug traffic, as well as federal, state, and local drug legislation and enforcement.
3. Assess rehabilitation programs of controlled detoxification, psychiatric evaluation and therapy, and continued medical supervision.

B. Immediate objectives

The students in grades 10-12 should:

1. Distinguish between drug use and drug abuse.
2. Identify the reasons for the abuse of drugs among the youth of today.
3. Debate the psychological, physiological, and social values of drugs.
4. Discuss the procedures used to control the manufacture and distribution of drugs for human consumption, as

developed by the Food and Drug Administration and the Drug Enforcement Administration.

5. Investigate selected aspects of drug traffic:
 - a) Illegal sales by pharmacists and physicians;
 - b) Smuggling and bulk peddlers; and
 - c) Obtaining drugs through fraud.

III. CONTENT OUTLINE

A. Prescription and over-the-counter-drugs

1. Use
2. Abuse

B. Factors leading to drug abuse

1. Psychological
2. Physiological
3. Social
4. Cultural
5. Economic

C. Drug use and legislation

1. Sources and distribution
2. Federal legislation
3. State and local legislation
4. Control agencies and measures

D. Drug abuse as a social problem

1. Crime
2. Accidents and illnesses
3. Personal and community expense
4. Family life

E. Rehabilitation of the addict

1. Medical aids
2. Self-help organizations and community groups
3. Resocialization

F. Prevention of drug abuse through education

IV. RESOURCES

A. Printed material

1. Books
 - a) AAHPER. **Drug Abuse: Escape to Nowhere.** Washington, D.C.: American Alliance for Health, Physical

Education, and Recreation, 1970.

- b) Henkel, Barbara O.; Means, Richard K.; Sawrey, James N., and Smolensky, Jack. **Foundations of Health Science.** Boston: Allyn and Bacon, 1977.

- c) Read, Donald A. **Looking In: Exploring One's Personal Health Values.** Englewood Cliffs: Prentice-Hall, Inc., 1977.

- d) Schaller, Warren. **Alcohol, Tobacco and Drugs: Their Use and Abuse.** Englewood Cliffs: Prentice-Hall, Inc., 1977.

- e) Stewart, Charles E., Executive Editor, **Life and Health.** New York: Random House, Inc., 1976

- f) State listed textbooks

2. Sources for pamphlets and other printed material

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) Alabama State Department of Education, Drug Education Unit
- d) Alcoholism and Drug Addiction Research Foundation
- e) American Medical Association, Council on Mental Health, Committee on Alcoholism and Drug Dependence
- f) Department of Health, Education and Welfare
 - (1) Food and Drug Administration
 - (2) U.S. Public Health Service
- g) National Clearinghouse for Drug Abuse Information, Educational Services
- h) National Education Association
- i) National Institute of Mental Health, Public Inquiries Branch

Government Printing
Office

3. Periodical

- a) **Drug Dependence—**
National Clearinghouse
for Mental Health
Information

B. Audio-visual sources

1. Films

- a) Alabama Department of
Mental Health
b) Alabama Department of
Public Health
c) Alabama State
Department of Education,
Drug Education Unit

- d) Baily Films
e) Benchmark Films
f) Churchill Films
g) U.S. Department of
Justice, Bureau of
Narcotics and Dangerous
Drugs

C. Personnel

1. County health department
officials who work with drug
problems
2. Local druggist
3. County or city law officer
4. State narcotic officer
5. An ex-addict from a half-way
house

6. A physician

V. ACTIVITIES

- A. List and discuss common
drug terminology.
B. Visit a narcotic rehabilitation
center.
C. Select and prepare materials
on drugs for school bulletin
boards.
D. Explore possible resource
people for guest lecturer or
assembly speakers.
E. Plan a drug education
workshop with local civic
clubs, churches, and other
schools.

ENVIRONMENTAL HEALTH

10-12

I. INTRODUCTION

Senior high school students need to anticipate their health needs for the future. Some students at this point will be terminating their formal education and shortly will take their place in an adult society. Others will continue their education to better prepare themselves for a career. Some will marry during or shortly after leaving high school, and take their place in the community. Society expects each individual to share civic responsibilities for the maintenance of a healthy environment.

High school students need to be taught how to identify health problems. School and community environmental health programs are interrelated. The school has a specific responsibility to provide opportunities for the students to participate in organized school and community health activities. Thus, the student who has learned to relate to health problems locally can relate to health problems at the state, national, and international level.

Young people should be knowledgeable regarding agencies and facilities that are available to survey practices and enforce existing laws which affect environmental health. Understanding of environmental health problems should direct the student's support for educational and legislative efforts to improve environmental health.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Analyze the individual's responsibility for his health and the health of his community.
2. Appraise existing community health practices, health facilities, and health services as they relate to the health of the individual.
3. Evaluate the local health practices which affect the quality of the environment and determine why they exist.
4. Predict problems caused by longevity, overpopulation, radiation, and occupational health hazards.

5. Evaluate the effectiveness of existing laws and determine their relationship to the health of the individual and community health.
6. Assess the function and scope of private and civic health agencies which promote and protect the health of the individual, community, nation, and world.

B. Immediate objectives

The students in grades 10-12 should:

1. Recognize the individual's responsibility for his own health and for the health protection of others.
2. Cite significant health problems which exist in the community.
3. Discuss the important roles of civic and private health agencies in the community, state, nation, and world.
4. Determine means of participating in a local health program which promotes, protects, and improves the health of the community.
5. Compare the problems of stress between middle-age and old-age groups.
6. Discuss the most common diseases which afflict adults over sixty years of age.
7. Estimate the increased needs of adequate food, water, air, and waste disposal caused by the population explosion.
8. Utilize the existing health agencies to secure information and assistance in solving a local community health problem.
9. Discuss laws and legislation which have or have not been effective in providing for optimal community health.
10. Evaluate the stress on industries created by an increased demand for production, cost control and environmental protection.
11. Assess the incentives or lack

of incentives for industrial and domestic pollution control.

III. CONTENT OUTLINE

- A. The nature and causes of pollution—air, water, soil, noise
 1. Biological and chemical agents
 2. Private, industrial, and public sources of pollution
- B. Prevention of pollution
 1. Individual and community responsibilities
 2. Legislation
 3. Programs of action
- C. Human population
 1. Reasons for the explosion
 2. Effects on the physical needs of man
 3. Personal and legal control
- D. Responsibilities of health agencies
 1. Governmental health agencies
 2. Voluntary health agencies
 3. Philanthropic health agencies
 4. International health agencies
- E. Occupational health hazards
 1. Causes
 2. Effects
 3. Legislative control and enforcement

IV. RESOURCES

A. Printed material

1. Books
 - a) AAHPER and NEA. **Man and His Environment: An Introduction To Using Environmental Study Areas.** Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1970.
 - b) Beyrer, Mary K.; Cushman, Wesley P.; Kaplan, Robert and Solleder, Marian K. **Positive Health: Designs for Action**, 2nd ed.

- Philadelphia: Lea and Febiger, 1977
- c) Hoffman, Norman S. **A New World of Health.** New York: McGraw-Hill, 1977.
- d) Read, Donald A.; Simon, Sidney B.; and Goodman, Joel B. **Health Education: The Search for Values.** Englewood Cliffs: Prentice-Hall, Inc. 1977.
- e) State listed textbooks
2. Sources for pamphlets and other printed material
- a) Alabama Environmental Quality Association
- b) Department of Health, Education and Welfare
- (1) Food and Drug Administration
- (2) U.S. Public Health Service
- c) Metropolitan Life Insurance Company
- d) Alabama Department of Public Health
- e) National Health Council
- f) Superintendent of Documents, U.S. Government Printing Office

3. Periodicals
- a) **Family Health Magazine**
- b) **World Health**
- B. Audio-visual sources
1. Films
- a) Alabama Department of Public Health
- b) Alabama Petroleum Council
- c) American Dental Association
- d) American Medical Association
- e) Encyclopaedia Britannica Educational Corporation
- f) Modern Talking Picture Service, Inc.
- g) Pyramid Films
- C. Personnel
1. County health officer
2. City official
3. Representatives of voluntary health agencies
4. Representative of a nursing home
5. Social Security representative
6. Health Careers Council representative

V. ACTIVITIES

- A. Conduct field trips

1. Nursing home
2. Public health office
3. Sanitation facilities
4. Local industry
5. Voluntary health agency or project
6. Tax office
7. Known health hazard
- B. Participate in panel discussions concerning world health, fluorides, radiation, or safe working conditions.
- C. Conduct a symposium related to the functions of the various health agencies.
- D. Construct a bulletin board concerning any aspect of community health.
- E. Interview various people in health-related occupations.
- F. Participate in a health project or a health survey.
- G. Discuss specific needs and problems of the older society, and what might be done by today's youth to improve living conditions for them.
- H. Project future health problems and discuss what might now be done in order to prevent them from occurring.

FAMILY HEALTH

10-12

I. INTRODUCTION

Family health education refers to the broad program in home and family living designed to increase knowledge and develop positive attitudes toward the behavior in family relationships. Since the school has regular and continuous contact with all children and young adults, it has a unique opportunity to supplement family health education.

Family health education at the senior high level should be designed to provide background information for intelligent decision-making. Senior high students are faced with numerous decisions about dating, parental and social relationships, social conduct, and possibly even marriage and parenthood. The family health unit should be relevantly designed to help them make wise decisions.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Construct wholesome and mature attitudes toward sex.
2. Formulate a scientific background of understanding and vocabulary which can be used for intelligent discussion of sex.
3. Summarize the responsibilities that accompany dating.
4. Explain the psychological, and sociological factors that should be considered in decision-making about sexual behavior.
5. Assess the need for serious thought and careful planning in marriage preparation and mate selection.
6. Evaluate the marital adjustments that must be made by both partners if a marriage is to be successful.
7. Analyze the responsibilities and principles of parenthood and child-rearing.
8. Assess the changes and necessary adjustments in the latter part of life, including death.

B. Immediate objectives

The students in grades 10-12 should:

1. Trace the reproductive process and identify the functions of the different organs.
2. Discuss boy-girl relationships from dating through mature marriage.
3. Identify venereal diseases and briefly discuss modes of transmission, prevention, and treatment.
4. Recognize good economic practices and relate them to harmonious family living.
5. Discuss divorce and the adjustments that it involves.
6. Contrast legal and illegal abortion and discuss the personal and social ramification of both.
7. Identify sources of help for marital problems.
8. Examine the realities of death and approaches to coping with the death of a loved one.
9. Discuss the causes of and problems with deviant sexual behavior.

III. CONTENT OUTLINE

A. Changing family roles and responsibilities

1. Assuming new responsibilities for oneself and others
2. Gaining a growing understanding of parental feelings, attitudes, and behaviors
3. Resolving independency-dependency conflicts while maintaining harmonious relationships with the family unit
4. Planning for the future

B. Developing and adhering to wholesome standards of conduct

1. Resolving personal value conflicts
2. Finding acceptable means of sexual expression

3. Premarital sexual relations

- a) Peer pressure
- b) Pregnancy
- c) Health hazards of early pregnancy
- d) Venereal disease
- e) Emotional problems
- f) Social problems

C. Deviant sexual behavior

1. Homosexuality
2. Others

D. Selection of a mate and marriage planning

1. Desirable and undesirable characteristics, values, and behavior
2. Love and infatuation
3. Social, religious, and parental influences
4. Readiness for marriage
 - a) Personal, social, and economic factors
5. Engagement
 - a) Purpose and values
6. The premarital examination—purpose and scope
 - a) Selection of a physician
 - b) Health status
 - (1) General
 - (2) Reproductive organs
 - c) Hereditary factors

E. Marriage

1. Values
2. Responsibilities
3. Adjustments
 - a) Personal
 - b) Sociological
 - c) Economic
4. Factors which help determine marital success
5. Family planning—contraceptive technology

F. Marital difficulties and divorce

1. Resolving conflicts
 - a) Personal approaches
 - b) Outside help
2. Common causes of marital difficulties

3. Effects of marital difficulties and divorce
- G. The reproductive process and its function
 1. The female
 - a) Reproductive organs—structure and function
 - b) Sexual roles
 2. The male
 - a) Reproductive organs—structure and function
 - b) Sexual roles
 3. Conception
 4. Pregnancy
 - a) Fetal development
 - b) Prenatal care
 5. Childbirth
 - a) Stages of labor
 - b) Attitudes of the mother—effect on the birth process
 6. Abnormalities in the reproductive process
 - a) Abortions—spontaneous and induced
 - (1) Physiological and psychological effects
 - (2) Legal consideration
 - b) Congenital birth defects
- H. Parenthood and childrearing
 1. Readiness
 - a) Maturity
 - b) Knowledge
- I. Later phases of the family life cycle
 1. Physiological, psychological, and sociological implications of aging
 2. Death
 - a) Acceptance
 - b) Personal, legal, and economic decisions following the death of a loved one
 - c) Arrangements each person can make which will ease the burden on relatives

IV. RESOURCES

- A. Printed material
 1. Books

- a) Anderson, Wayne J. **How To Discuss Sex With Teen-Agers**. Minneapolis, Minnesota: T.S. Denison and Company, Inc., 1971.
- b) Guttmacher, Alan F. **Understanding Sex: A Young Person's Guide**. New York: Harper and Row, 1970.
- c) Henkel, Barbara O.; Means, Richard K.; Sawrey, James M.; and Smolensky, Jack. **Foundations of Health Science**, third edition. Boston. Allyn and Bacon, 1977.
- d) Hubbard, Charles W. **Family Planning Education**. St. Louis: C.V. Mosby, 1977.
- e) Jones, Kenneth L.; Shainberg, Louis W., and Byer, Curtis O. **Sex and People**. New York: Harper and Row, 1977.
- f) Read, Donald A.; Simon, Sidney B., and Goodman, Joel B. **Health Education: The Search for Values**. Englewood Cliffs: Prentice-Hall, Inc., 1977.
- g) Stewart, Charles E., Executive Editor. **Life and Health**. New York: Random House, 1976.
- h) State listed textbooks
2. Sources for pamphlets and other primary material
 - a) Alabama Department of Public Health
 - b) American Alliance for Health, Physical Education, and Recreation
 - c) American Association of Sex Educators and Counselors
 - d) American Medical Association
 - e) National Better Business Bureau
 - f) SIECUS—Sex Information and Education Council of

the United States

3. Periodicals
 - a) **Family Coordinator: Journal of Education, Counseling and Services**—National Council on Family Relations
 - b) **Focus on the Family**—E.C. Brown Center for Family Studies
 - c) **Journal of Sex Research**—Society for the Scientific Study of Sex
 - d) **Journal of Marriage and the Family**—National Council on Family Relations
 - e) **Sex News**—P.K. Houdek
 - f) **Siecus Newsletter**—Sex Information and Education Council of the United States
 - g) **Family Health Magazine**
- B. Audio-visual sources
 1. Films
 - a) Alabama Department of Public Health
 - b) Churchill Films
 - c) McGraw-Hill Book Company
- C. Personnel
 1. Lawyer
 2. Gynecologist and/or obstetrician
 3. Public Health Educator
 4. Obstetrics nurse or OB-GYN Nurse Practitioner

V. ACTIVITIES

- A. Conduct a panel discussion on the pros and cons of early marriage.
- B. Take over the school bulletin board for a week with the theme being family life.
- C. List factors to be considered in selecting a mate.
- D. Individually list a weekly pattern for dating in high school.
- E. Work up a skit on the basis of the Dating Game, using sound criteria for selection,

as discussed in class.

F. Work out a budget for a newly married couple.

G. Report on cost of having a baby and rearing a preschool child.

H. Evaluate oneself by asking, "How would you like to be married to you?"

MENTAL AND EMOTIONAL HEALTH

10-12

I. INTRODUCTION

We know there is a close association between mental and physical health, and that both are important in the total development of the individual. High school students need to develop desirable attitudes and patterns of living that will enable them to function as well-adjusted persons and be able to cope with stresses, pressures and every day living situations both now and in later life.

The total school program should be concerned with guiding students in, and providing a climate conducive to the establishment of favorable attitudes and practices in mental health.

There is strong evidence of a need for mental health education. In adolescence there is a sharp rise in death rates, admission to mental hospitals, alcoholism, sex offenses, delinquency, violent conflict with adults, hostility in general, and depression. To escape from reality becomes a desirable goal for many. They seek escape in daydreams, alcohol, crime or any one of a number of other means of relief from an environment they do not like; suicide being the ultimate escape.

Mental illness is increasing in our society. One reason for this is the unpreparedness of individuals to cope with the demands that life makes upon them.

All schools need to become more alert to the mental health needs of their students. The schools have the primary responsibility for identification, prevention, counseling, educational treatment services, and/or pupil personnel services. Mental and emotional health must be taught from a positive standpoint by the teacher. Each student has certain basic needs essential to all mankind that must be met and satisfied for growth and survival in our complex "push button" society.

There must be in the life of every growing child, some hope, some promise of success, some skill to produce success, and some recognition of status.¹ It

is to this end that the curriculum must respond.

Mental and emotional health does not simply mean the absence of disease. There is a cause for all behavior, and behavior patterns can be changed.

The mental health of the high school students should be a part of the total program and not confined to the health education area. The school has more contact with the student and for longer periods of time than any other agency, and therefore has an opportunity to contribute significantly to the prevention of severe mental illness. The teacher, because of direct contact with the student, is considered one of the front line workers in the field of mental health. Therefore, the instructor must be concerned with the positive growth and development of the student. The key to successful teacher-student, student-teacher, relationships is the openness of communication between them.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Develop a wholesome self-concept.
2. Appraise their basic drives, fundamental emotions, frustrations and inhibitions, in relation to acceptable behavior in our society.
3. Determine the status and assess the qualities of mental and emotional health in our society.
4. Formulate principles of self-direction and interaction within a group.
5. Assess and rank their sources of anxiety.
6. Appraise their reactions to stress.
7. Determine the type of empathy which should be shown the mentally ill.
8. Recommend health practices which would contribute to the

maintenance of good mental and emotional health.

9. Judge their responsibilities as adults in today's society.

B. Immediate objectives

The students in grades 10-12 should:

1. Recognize and interpret their basic drives, fundamental emotions, frustrations, and inhibitions, in relation to acceptable behavior in our society.
2. Associate internal and external factors affecting behavior with the quality of his mental health.
3. Compare the characteristics of good mental health and poor mental health.
4. Interpret the magnitude of the mental health problem in this country.
5. Discuss criteria for developing good human relationships.
6. Cite their sources of anxiety.
7. Recognize and describe ego-defense mechanisms and coping devices they utilize in dealing with stress.
8. Distinguish between their desirable and undesirable reactions to stress.
9. Recognize and describe the progression of mental illness in terms of the degree of mental dysorganization.
10. Identify the treatment of the mentally ill in terms of facilities, professional personnel, and methods of treatment.
11. Associate the prevention of mental illness with the unified efforts of the individual, community, and nation.

III. CONTENT OUTLINE

A. Introduction

1. Definition
2. Mental illness in the United States

B. Factors affecting mental health

1. Internal

¹Delbert Oberteuffer and Mary K. Beyer, *School Health Education* (New York: Harper and Row Publishers, 1966) pp 191-193.

- a) Genetic
 - b) Basic needs of the individual
 - c) Growth and development
 - (1) Physical
 - (2) Mental
 - (3) Social
 - (4) Emotional
 - d) Collective effect of organs and systems of the body on mental health
 - e) Value system of the individual
 - f) Interpretation of environment
2. External
- a) Socio-economic
 - b) Cultural
 - d) Education
 - d) Availability of mental health facilities and services
- C. Characteristics of a person with good mental health
1. Constructive and realistic
 2. Adaptable to change
 3. Long range values and goals
 4. Reasonably independent
 5. Accepts responsibility
 6. Copes effectively with stresses and anxiety
 7. Concerned for others
 8. Satisfactory human relations
 9. Ability to love
 10. At ease with conscience
 11. Productive in work
- D. Dealing with stress
1. Ego-defense mechanisms
 - a) Avoidance
 - b) Rationalization
 - c) Sublimation
 - d) Regression
 - f) Identification
 - g) Projection
 - h) Compulsive behavior
 2. Coping devices
 - a) Talking out a problem
 - b) Thinking through a situation
- c) Physical exercise
- d) Touch, rhythm, and sound
- e) Eating, smoking, drinking
- f) Laughing, crying, swearing
- g) Sleeping
- h) Pointless activity
- i) Daydreaming and fantasy
- E. Psychological aspects of the individual
1. Unconscious level of emotions
 - a) Id processes
 - b) Ego processes (self-image)
 - c) Super-ego processes
 - d) Conflicts of unconscious processes
 2. Failure of Ego to control Id
 - a) Define mental illness (emotional dysorganization)
 - b) Describe levels of progression
 - (1) First level
 - (a) Mild neurosis—nervousness, anxieties, strong tensions
 - (b) Characteristics—restlessness, touchiness, tearfulness, mild depression, worry, and mild psychosomatic disorders
 - (2) Second level
 - (a) Neuroses—phobias, hysteria, sex perversions, addictions, obsessions
 - (b) Characteristics—withdrawal, self-punishment, rituals, obsessions, compulsions, maladjusted personality, hypochondria
 - (3) Third level
 - (a) Id escapes control of
- ego-dangerous to himself and society
- (b) Characteristics—uncontrolled aggression, disregard for laws, social customs, conscience; reduced judgment, consciousness, and perception during aggressive acts; relief of emotional tension after aggressive act
- (4) Fourth level
- (a) Classical severe mental illness—psychosis; paranoid, depression, melancholia, delusion, delirium
 - (b) Characteristics—emotional reactions and behavior are inappropriate, exaggerated and unpredictable; severe depression, severe anxiety, delusions of self-importance, persecution complex
- (5) Fifth level
- (a) Suicide—physical or psychological
 - (b) Characteristics—no will to live, unconscious determination to die
- F. Treatment of mentally ill
1. Treatment facilities
 - a) Outpatient clinics
 - b) Psychiatric sections of general hospitals
 - c) State mental hospitals
 - d) Private mental hospitals
 - e) Comprehensive community health centers
 2. Professional Personnel
 - a) Psychiatrist
 - b) Psychoanalyst
 - c) Clinical psychologist
 - d) Psychiatric social worker
 - e) Psychiatric nurse

- f) Mental health technician
- 3. Methods of treatment
 - a) Individual psychotherapy
 - b) Group therapy
 - c) Drug therapy
 - d) Behavior modification and attitude therapy
- G. Prevention of severe mental illness
 - 1. Individual
 - 2. Community
 - 3. Nation

IV. RESOURCES

- A. Printed material
 - 1. Books
 - a) Berkowitz, Morton I. **A Primer on School Mental Health Consultation.** Springfield: C.C. Thomas, 1975
 - b) Jones, Kenneth L.; Shainberg, Louis W.; and Byer, Curtis O. **Emotional and Neurological Health.** New York: Harper and Row Publishers, Inc., 1970
 - c) Lieberman, E. James, ed. **Mental Health: The Public Health Challenge.** Washington: American Public Health Association, 1975.
 - d) Shneour, Elie. **The Malnourished Mind.** Garden City: Doubleday and Company, 1974.
 - e) Tanner, L.N. and Lindgren, H.C. **Classroom**

Teaching and Learning: A Mental Health Approach. New York: Holt Rinehart and Winston, Inc., 1971

- f) State listed textbooks
- 2. Sources for pamphlets and other printed material
 - a) Alabama Association for Mental Health
 - b) American Medical Association
 - c) Metropolitan Life Insurance Company
 - d) National Dairy Council
 - e) National Education Association
 - f) National Institute of Mental Health
- 3. Periodicals
 - a) **Family Health Magazine**
 - b) **Journal of School Health**
 - c) **Health Education**
- B. Audio-visual sources
 - 1. Films
 - a) Alabama Association for Mental Health
 - b) Alabama Department of Mental Health
 - c) Alabama Department of Public Health
 - d) Metropolitan Life Insurance Company
 - e) Sterling Films, Inc.
- C. Personnel
 - 1. School Guidance Counselor

- 2. Psychiatric Nurse
- 3. Psychiatric Social Worker
- 4. Clinical Psychologist

V. ACTIVITIES

- A. Compile a folder of newspaper clippings on mental health.
- B. Make a list of career opportunities in mental health.
- C. Make posters on various phases of mental health.
- D. Use role-playing to investigate ways of involving a shy person in the group.
- E. Discuss problems at the high school level with local, state, and national mental health programs.
- F. Form a committee to plan an exhibit of books, pamphlets, and magazines that will help teen-agers learn more about themselves.
- G. Draw up a personality chart of desirable and undesirable traits.
- H. Discuss factors that interfere with study.
- I. Design a bulletin board displaying happy emotions and the characteristics of good mental health.
- J. Arrange a panel discussion on the value of certain ego-defense mechanisms and coping devices in maintaining emotional equilibrium.

NUTRITION

10-12

I. INTRODUCTION

Senior high school students are moving into adulthood and will soon be primarily responsible for their personal nutrition, and will share in the responsibility for the nutritional status of the people in the family, community, and nation.

Students must have the knowledge upon which to make wise decisions and build sound nutritional habits. They must become increasingly aware of their responsibilities to themselves and to their community, to work toward achieving their fullest potential. Only with proper nutrition can students realize their potential in mental and physical achievements.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Analyze the relationship between food intake, weight control, appearance, and growth.
2. Use knowledge of the nutritive values of foods as a determining factor in food choices and eating patterns.
3. Identify and evaluate the variety of influences which affect an individual's choice of foods, eating patterns, and consumer attitudes.
4. Evaluate alternatives for achieving a balanced diet.
5. Interpret nutrition as being an individual and national responsibility.

B. Immediate objectives

The students in grades 10-12 should:

1. Understand the nutritional status of the world, nation, community, family, and self.
2. Gather and relate facts about the chemistry and physiology of digestion and metabolism.
3. Identify and define the energy and nutritive needs of the body, as they differ with individuals and conditions.
4. Apply nutritional knowledge in planning meals with

respect to proper foods for a healthy, productive life, according to individual needs.

III. CONTENT OUTLINE

- A. Nutritional status of the nation and world
 1. Nutritional problems
 2. Approaches to solutions
- B. Chemistry and Physiology of Digestion and Metabolism
- C. Conditions Which Determine Energy and Nutrient Needs
 1. Age, sex, and body structure
 2. Levels of physical activity
 3. Pregnancy and lactation
 4. Presence or absence of disease
- D. Application of Knowledge
 1. Planning nutritious and well-balanced meals based on individual needs and tastes.
 2. Selection of foods
- E. Nutrition-related Problems
 1. Malnutrition
 - a) Types
 - b) Symptoms and dangers
 - c) Approaches to correction
 2. Weight control
 - a) Physical examination, a necessary pre requisite
 - b) Overweight
 - c) Underweight
 - d) Fads and fallacies of weight control
 3. Constipation
- F. Nutrition as both an individual and national responsibility
 1. Individual responsibilities
 2. National responsibilities
 - a) Changes in food production and buying
 - b) Research developments
 - c) World-wide obligations

IV. RESOURCES

A. Printed Material

1. Books
 - a) Arlin, Marian. **The Science of Nutrition**, New York: McMillan Company, 1972.

b) Bieler, Henry G. **Food Is Your Best Medicine**, Westminster: Random House, Inc. 1973.

c) Burotn, B.T. **Human Nutrition**, 3rd ed. New York: McGraw-Hill Book Company, 1976.

d) Mayer, Jean. **Human Nutrition: Its Physiological, Medical and Social Aspects**, Springfield: C.C. Thomas, 1974.

2. Sources for pamphlets and other printed material

- a) American Dietetic Association
- b) American Home Economics Association
- c) American Medical Association
- d) Metropolitan Life Insurance Company
- e) National Dairy Council
- f) Nutrition Foundation, Inc.
- g) Superintendent of Documents, U.S. Government Printing Office
- h) The Food and Nutrition Information and Education Materials Center National Agriculture Library, Room 304, Beltsville, Maryland 20705.

3. Periodicals

- a) **Nutrition Today**—Nutrition Today Society, P.O. Box 465, Annapolis, Maryland 21404
- b) **Journal of Home Economics**—American Home Economics Association
- c) **Journal of Nutrition Education**—Society for Nutrition Education
- d) **Family Health Magazine**

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) American Medical Association

- c) Association Sterling Films
 - d) Coronet Films
 - e) Encyclopedia Britannica Educational Corporation
 - f) Modern Talking Picture Service
 - i) National Dairy Council
 - j) Walt Disney
- C. Personnel
- 1. School Dietician
 - 2. Nutritionist from State Department of Health
 - 3. Local Food Merchant

4. A Food Distributor

V. ACTIVITIES

- A. Analyze with diagrams the steps in food digestion, absorption, and metabolism.
- B. Conduct a demonstration of the action of saliva on starch, action of gastric juice on milk protein, pancreatic juice on starch, and fat and protein osmosis.
- C. Record food intake from one

or two weeks and evaluate for nutritional and caloric values.

- D. Make a family shopping list for a family of four.
- E. Compare the National Research Council Recommended Dietary Allowance with U.S.F.D.A.'s used in nutrition labeling of foods.
- F. Consider ways to detect and prevent food fads which may be harmful.

PERSONAL HEALTH

10-12

I. INTRODUCTION

Grades 10 through 12 represent the end of formal education for many individuals. Formal health education ceases for many who go on to college; therefore, it appears necessary to teach high school students proper techniques of caring for themselves and their family throughout their lifetime. If students learn and apply the techniques, they should expect to live more abundantly, with a greater life expectancy.

Assuming that students have learned the concepts of cleanliness and appearance and have adopted desirable attitudes and habits, teen-agers are ready to make wise decisions which involve an understanding of body functions and the social implications of personal behavior. In grades 10 through 12, these foundations serve to determine their responsibilities for personal health and their contributions to individual health status.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Develop a sense of responsibility for personal growth and development.
2. Analyze the disease preventive measures which each person can utilize.
3. Determine the basis for nutritional and dental health.
4. Design a purposeful program in wise use of leisure time.
5. Assess the benefits and methods of maintaining physical fitness through adequate exercise.
6. Select attitudes and habits which contribute to development, emotionally, morally, and spiritually.
7. Examine individual responsibility for personal safety and the safety of others.

B. Immediate objectives

The students in grades 10-12 should:

1. Recognize accurate information about the body systems and their functions.
2. Associate body mechanics with personal health.
3. Discuss the nature, cause, and prevention of the most prevalent communicable and noncommunicable diseases.
4. Identify problems and common defects of the skin, eyes, ears, and scalp of young adults.
5. Discuss the relationship between rest, relaxation, and recreation.
6. Recognize the influence of heredity and environment in producing the uniqueness of every individual.
7. Recognize personal dental problems.
8. Identify appropriate expressions of social behavior in daily living.

III. CONTENT OUTLINE

A. Functions of the body

1. Growth and development
2. Body mechanics
3. Communicable and noncommunicable diseases

B. Care of the body

1. Teeth
2. Hair and nails
3. Skin
4. Eyes and ears
5. Posture
6. Prevention of disease
7. Balanced living
8. Use/abuse of drugs

C. Social growth

1. Feelings and emotions
 - a) Control
 - b) Appropriate expressions
2. Family aspirations
 - a) Parental pressure

IV. RESOURCES

A. Printed material

1. Books

- a) Burt, John J., and Brower, Linda. **Education for**

Sexuality. Philadelphia: W.B. Saunders Co., 1970.

- b) Ensor, Phyllis; Henkel, Barbara; and Means, Richard K. **Personal Health.** Boston: Allyn and Bacon, 1977.

- c) Jenne, Frank H. and Greene, Walter H. **Turner's School Health and Health Education.** St. Louis: C.V. Mosby, 1976.

- d) Read, Donald A. **Looking In: Exploring One's Personal Health Values.** Englewood Cliffs: Prentice-Hall, Inc. 1977.

- e) Stewart, Charles E., Executive Editor, **Life and Health.** New York: Random House, Inc., 1976.

- f) State listed textbook

2. Sources for pamphlets and other printed material

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) American Dental Association
- d) American Medical Association
- e) Metropolitan Life Insurance Company
- f) National Dairy Council
- g) National Society for the Prevention of Blindness
- h) Prudential Insurance Company of America
- i) Superintendent of Documents, U.S. Government Printing Office

3. Periodicals

- a) **Family Health Magazine**
- b) **Health Education**
- c) **Statistical Bulletin**

B. Audio-visual sources

1. Films

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health

c) Alabama State
Department of Education

C. Personnel

1. Cosmetologist; barber
2. Resource persons in vocational interest areas
3. Doctor
4. Nurse

V. ACTIVITIES

A. Associate the body systems

with a manikin and human skeleton.

- B. State reasons why good body mechanics for one person may not be good body mechanics for another.
- C. Discuss proper methods of disease prevention.
- D. Write a report about responsible dental nutrition.
- E. Discuss techniques of acne treatment.
- F. Present a forum on personal

responsibility for prevention of communicable disease.

- G. Discuss situations in which emotional behavior may overpower logical behavior, and identify more satisfactory alternatives.
- H. Discuss the kinds of home responsibilities that should be assumed when there are several younger children, a handicapped parent, or convalescent family member present in the home.

PREVENTION AND CONTROL OF DISEASE

10-12

I. INTRODUCTION

Disease continues to remain a public health problem. Although there are known effective procedures for the prevention and control of some diseases, many continue to take lives. A partial solution to this complex problem involves reinforced mass health education, intelligent use of existing knowledge, and methods of further dissemination of this knowledge.

In this topical unit for grades 10-12, areas covered include principles of prevention, congenital malformations, childhood diseases, man-to-man contact diseases, animal-to-man contact diseases, food borne diseases, insect borne diseases, venereal diseases, and organic diseases. Each teacher or school system may wish to place particular emphasis on one or more of the above areas of study.

Senior high school students are approaching adulthood and the high school must offer health education opportunities that will more nearly meet their adult demands, as well as those of their potential families. Some of these students are terminating their formal education and this unit represents their last concentrated exposure to the study of disease prevention and control.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Assess and rank their health habits and practices.
2. Evaluate the contributions of the individual to community health, and judge their responsibilities as an adult in today's society, in terms of prevention and control of disease.
3. Select and recommend health habits and practices which demonstrate responsible citizenship.
4. Assess and rank the causative factors of various diseases, and recommend procedures for prevention and control of those diseases.

5. Determine and appraise the significant cultural, socio-economical, and ecological factors influencing the health status of individuals, families, communities, states, and nations and recommend courses of action which may contribute to the solution of the health problems created by these factors.
 6. Appraise the methods and procedures utilized at the local, state, national, and international level for the prevention and control of disease.
 7. Assess the specific roles of local, state, national, and international agencies in the implementation of disease control programs.
 8. Develop a widened range of vocabulary related to the prevention and control of disease.
 9. Evaluate health data presented through various media.
- B. Immediate objectives
- The students in grades 10-12 should:
1. Estimate the quality of their health habits and practices and compare it with acceptable standards of health behavior.
 2. Describe the contributions of the individual to community health.
 3. Interpret and describe their responsibilities as adults in today's society, in terms of prevention and control of disease.
 4. Recognize and compare methods and techniques utilized in the prevention and control of disease.
 5. Distinguish between their personal habits and practices which contribute to sound health, and those which contribute to ill health, basing their conclusions on accurate scientific knowledge.
 6. Differentiate between and discuss the signs and symptoms of various communicable and noncommunicable diseases.
 7. Recognize that certain initial symptoms are common to various diseases, and discuss procedures and techniques utilized by health personnel in order to arrive at a proper diagnosis.
 8. Recognize and discuss various communicable diseases in terms of the pathogenic agent involved, effect on man, sources of infection, mode of transmission, method of control, and the medical treatment warranted.
 9. Identify and discuss the symptoms, prevention or risk reduction program, and treatment of certain noncommunicable diseases.
 10. Identify communicable diseases that can produce birth defects.
 11. Recognize that disease can be classified in a variety of ways.
 12. Define and use correctly terms related to disease.
 13. Interpret health statistics and data which are presented through various media.
 14. Recognize and discuss the burden of ill health as if it is shared by individuals, families, communities, states, and nations.
 15. Identify, describe, and compare the significant health problems at the local, state, national, and international levels.

III. CONTENT OUTLINE

A. Methods of prevention and control

1. Healthful living
2. Sanitation
3. Immunization
4. Isolation
5. Health education

6. Public and voluntary health agencies
7. Legislation
- B. Communicable diseases
 1. Childhood diseases
 - a) Diseases to consider
 - (1) Measles
 - a) Rubeola (Red)
 - b) Rubella (German)
 - (2) Diphtheria
 - (3) Chickenpox
 - (4) Mumps
 - (5) Poliomyelitis
 - (6) Smallpox
 - (7) Pertussis (Whooping Cough)
 - (8) Impetigo
 - (9) Ringworm
 - b) Factors to consider
 - (1) Pathogen
 - (2) Symptoms
 - (3) Effect on man
 - (4) Sources of infection
 - (5) Modes of transmission
 - (6) Method of control
 - (7) Medical treatment
 2. Common diseases
 - a) Diseases to consider
 - (1) Man-to-man contact diseases
 - a) Tuberculosis
 - b) Infectious hepatitis
 - c) Non-infectious hepatitis
 - d) Pneumonia
 - e) Syphilis
 - f) Gonorrhea
 - (2) Animal-to-man contact diseases
 - a) Rabies
 - b) Trichinosis
 - (3) Food-borne diseases
 - a) Salmonella
 - b) Botulism
 - c) Staphylococcal toxic poisoning
 - (4) Insect-borne diseases
 - a) Typhus fever
 - b) Rocky mountain spotted fever
 - c) Malaria
 - b) Factors to consider

- (1) Pathogen
- (2) Symptoms
- (3) Affect on man
- (4) Modes of transmission
- (5) Method of control
- (6) Medical treatment
- C. Noncommunicable diseases
 1. Diseases to be considered
 - a) Cardiovascular diseases
 - b) Cancer
 - c) Diabetes Mellitus
 - d) Epilepsy
 - e) Allergies
 - f) Arthritis
 - g) Vitamin deficiency
 2. Factors to consider
 - a) Symptoms
 - b) Prevention or risk reduction program
 - c) Medical treatment
- D. Birth defects
 1. Causes
 - a) German Measles
 - b) Syphilis
 - c) Improper maternal diet
 2. Prevention and control
 - a) Research
 - b) Private and public health agencies
 3. Effect on society

IV. RESOURCES

A. Printed material

1. Books
 - a) Benenson, Abrams S. **Control of Communicable Diseases in Man**, 12 ed. Washington, D.C.: The American Public Health Association, 1975.
 - b) Bauxbaum, K.L.; and Lindenmeyer, Statton. **What You Should Know About Venereal Disease**. New York: Harcourt Brace Jovanovich, 1976.
 - c) Frabisher, M.; Somermeyer, L.; and Fuerst, R. **Microbiology in Health and Disease**. Philadelphia: W.B. Saunders Co., 1969.

d) Henkel, Barbara O.; Means, Richard K.; Sawrey, James M. and Smolensky, Jack. **Foundations of Health Science**, third edition. Boston: Allyn and Bacon, 1977.

e) Hilleboe, Herman E., and Larimore, Granville W. **Prevention Medicine**, 2nd ed. Philadelphia: W.B. Saunders Co., 1969.

f) Jenne, Frank H. and Greene, Walter H. **Turner's School Health and Health Education**. St. Louis: C.V. Mosby, 1976.

g) State listed textbooks

2. Sources for pamphlets and other printed material

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) American Dental Association
- d) American Medical Association
- e) Metropolitan Life Insurance Company
- f) National Dairy Council
- g) National Society for the Prevention of Blindness
- h) Prudential Insurance Company of America
- i) Superintendent of Documents, U.S. Government Printing Office
3. Periodicals
 - a) **Family Health Magazine**
 - b) **World Health**
 - c) **American Journal of Public Health**

B. Audio-visual sources

1. Films

- a) Alabama Department of Mental Health
- b) Alabama Department of Public Health
- c) National Medical Audio-visual Center

C. Personnel

1. Local health officer
2. Public health nursing consultant
3. Representative from a voluntary health agency
4. Physician
5. School nurse

V. ACTIVITIES

- A. Design and construct exhibits with preventable diseases as the topic.
- B. Conduct a survey to determine immunization status of the class and complete school.
- C. Investigate current research on specific diseases.
- D. Determine priorities for

disease education, using student-obtained vital statistics on disease rate from the Alabama Department of Public Health or the county health department.

- E. Conduct a panel discussion on the cultural, socio-economic and ecological factors influencing health status.

SAFETY AND ACCIDENT PREVENTION

10-12

I. INTRODUCTION

For young people age 15-18, accidents claim more lives than all other causes combined. Mechanized living exposes these young people to physical injury or death. The need for purposeful instruction in accident prevention is tremendous. Accidents do not just happen; they are caused and are usually the result of a combination of circumstances. They can be prevented.

The safety and accident prevention unit assists the teacher in examining variables in the environment of senior high school students. A reduction in accidents will be achieved when every student accepts more responsibility for accident prevention. This responsibility depends upon student attitudes toward their personal safety and the safety of others. Hazards result many times from carelessness and lack of knowledge about our changing environment. Safer living can be realized through education for safer attitudes, practices, and skills.

It is also true that life today is undeniably more convenient and comfortable than it was a few years back, but in many ways it is potentially far more dangerous. Safety does not imply the elimination of all risks, but it does mean we can reduce the many needless risks. One important way to reduce accidents is to stimulate the interest of a large number of people. This can be accomplished through civic groups and other community organizations.

Before students can learn to reduce accidents they must know their causes. Fires, falls, suffocation, poisons, firearms, poison gases, and traffic accidents are among the leading reasons for accidents, and many of these are fatal. Boy and girls in senior high school are very susceptible to accidents because of their many activities and the constant changes in their immediate environment. Medical Self-Help should be taught in the eleventh grade to refresh and strengthen the knowledge of these maturing adults.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Evaluate individual and

community responsibility for accident prevention.

2. Assess the accident problem for young people aged 15-18.
3. Recommend desirable practices in safety.
4. Relate hazardous situations to accidents and injury.
5. Select safe rules and regulations.
6. Evaluate the advantages of safe equipment and constant inspection in the prevention of injury.
7. Formulate skills to cope with emergencies through medical self-help.
8. Include a safety concept in his philosophy of life.

B. Immediate objectives

The students in grades 10-12 should:

1. Identify personal and property losses due to accidents.
2. Cite some teen-age emotional problems, technological changes, and environmental causes which may contribute to accidents.
3. Cite the organizations and agencies interested in accident prevention.
4. Describe measures which will prevent fires and reduce the dangers of burns.
5. Cite the principles of electrical safety in the home.
6. Examine incidences of carbon monoxide poisoning in high school students.
7. Construct a check list for gun safety.
8. Classify the number of accidents and extent of injuries according to the involvement of trucks, motor cycles, and bicycles.
9. Trace pedestrian activity at a busy intersection.
10. Illustrate the use of retro-reflectives for night visibility of pedestrians, bicycles, and motor cycles.
11. Complete a school accident report.

12. State the safety factors involved in swimming, boating and fishing.
13. Perform selected skills in medical self-help.

III. CONTENT OUTLINE

A. Accident prevention

1. The problem

- a) Losses at state and national level

- (1) Personal
- (2) Property

- b) The effects of accidents

- (1) On the individual
- (2) On the family
- (3) On society
- (4) On industry

2. The causes

- a) Modern changes

- (1) Mechanized changes
- (2) Population growth
- (3) New chemicals

- b) Environmental causes

- (1) Urban—rural
- (2) Work—recreational leisure
- (3) Weather—geographic

- c) Attitudes

- (1) The Show-Off
- (2) The Uncooperative
- (3) The Chance-Taker
- (4) The Egotist
- (5) The Disrespectful
- (6) The Responsible

2. Organizations, agencies and persons interested in accident prevention

- a) American Red Cross
- b) American Automobile Association
- c) Governor—other elected officials
- d) State Department of Public Health
- e) State troopers
- f) State safety council
- g) Labor Unions
- h) Civil Defense
- i) Business and industry
- j) Universities and colleges

- k) Local safety council
 - l) Local police department
 - m) Local fire department
 - n) The weather bureau
 - o) Local rescue squads
- B. Home safety**
1. Falls
 - a) Good housekeeping
 - b) Proper lighting
 2. Burns
 - a) Fire screens
 - b) Flame retardant fabrics
 - c) Care with hot liquids
 - d) Fire extinguishers
 - e) Proper storage of explosive materials
 3. Electrical shock
 - a) Knowledge
 - b) Frequent inspection
 - c) Safe grounding
 4. Poisoning
 - a) Proper storage
 - b) Proper labeling
 5. Suffocation
 - a) Care with plastic bags
 - b) Smoking in bed
 6. Carbon monoxide
 - a) Vented heaters
 - b) Proper flame
 - c) Clean appliance
 - d) Parked vehicles
 7. Gun safety
 - a) Proper cleaning
 - b) Proper storage
 - c) Safety rules for use
 8. Animal and insect bites
 - a) Clean wounds
 - b) Disinfectant
 - c) Contact physician
 9. Glass safety
 - a) Doors
 - b) Display area
- C. Traffic safety**
1. Motor vehicles
 - a) Cars and trucks
 - (1) Seat belts and shoulder harness
 - (2) Make use of

- manufacturer's safety devices
 - (3) Defensive driving
 - (4) Driver alertness
 - (a) Alcohol
 - (b) Drugs
 - b) Motorcycles and motor bikes
 - (1) Helmet
 - (2) Eye guard or face protector
 - (3) Proper clothing
 - (4) Driver alertness
 - (a) Alcohol
 - (b) Drugs
 - 2. Passengers—public
 - 3. Pedestrian
 - a) Slow moving
 - (1) Proper cross-walks
 - (2) Walk on side-walks or off pavement
 - b) Night visibility
 - (1) Wear retro-reflective materials.
 - (2) Carry a light
 - 4. Bicycle
 - 5. Tractor
- D. School safety**
1. School shop
 2. School laboratory
 - a) Wear safety glasses
 - b) Observe rules
 3. Corridors—stairways
 4. School buses
 - a) Cross properly
 - b) Board and disembark with care
 - c) Bus conduct
 5. School parking area
 - a) How to park
 - b) Courtesy rules
 - c) Safe walking in this area
 - d) Overloading vehicles
 6. Gym safety
 - a) Horseplay
 - b) Shower ethics
 - c) Equipment use
 - d) Free play courtesy
 7. Outdoor activities
 - a) Hazards

- b) Observing rules
- E. Water safety**
1. Swimming
 - a) Fatigue
 - b) Diving
 - c) Life saving
 - d) Water safety rules
 - (1) Swim with a friend
 - (2) Correct time and place
 2. Boating and skiing
 - a) Boat operation
 - b) Water rules and regulations
 - c) Proper equipment
- F. Medical self-help**
1. Radioactive fallout and shelter
 2. Healthful living in emergencies
 3. Artificial respiration
 4. Bleeding and bandaging
 5. Fracture and splinting
 6. Transportation of the injured
 7. Burns
 8. Shock
 9. Nursing care of the sick and injured
 10. Infant and child care
 11. Emergency childbirth (Recommended)
 12. Cardiopulmonary resuscitation

IV. RESOURCES

- A. Printed material**
1. Books
 - a) **Accident Facts.** National Safety Council, Chicago, latest edition
 - b) American Red Cross. **First Aid Textbook,** latest editions.
 - c) Parcel, Gay S. **First Aid in Emergency Care.** St. Louis: C.V. Mosby, 1977.
 - d) Schriver, Alice; Dowers, Douglas and Vorhous, Houis. **Your Health and Safety for Better Living.** New York: Harcourt Brace Jovanovich, 1977.

2. Sources for pamphlets and other printed material
 - a) Alabama Department of Public Health
 - b) Metropolitan Life Insurance Company
 - c) National Society for the Prevention of Blindness
 - d) U.S. Department of Health, Education, and Welfare

B. Audio-visual sources

1. Films

- a) Alabama Department of Public Health
- b) Alabama State Department of Education
- c) Modern Talking Picture Service, Inc.

C. Personnel

1. Alabama state trooper
2. Public health official
3. Policeman
4. Water safety patrolman

5. Electric power official
6. Representative from the rescue squad
7. Driver education instructor
8. Weather bureau official

V. ACTIVITIES

- A. Spot safety hazards around the home or school and take steps to correct or eliminate the hazard.
- B. Develop fire escape routes for individual homes.
- C. Map fire drill exits for the school.
- D. Maintain an accident spot map to show the accumulation of school accidents over a period of time.
- E. Demonstrate methods of controlling bleeding.

- F. Visit a public and/or an individual fallout shelter.
- G. Make a bulletin board display of common school accidents.
- H. Develop a checklist of safety regulations in different kinds of jobs and compare with existing work laws.
- I. Study current safety laws.
- J. Study boating accidents; discuss causes and prevention.
- K. Examine present sporting equipment and report on protective devices.
- L. Demonstrate and practice mouth-to-mouth resuscitation on manikin.
- M. Demonstrate the "Heimlich Maneuver" for aiding victims of strangulation.
- N. Invite an instructor of Cardio-Pulmonary Resuscitation (CPR) to teach the class the fundamentals of CPR.

TOBACCO

10-12

I. INTRODUCTION

Smoking is one of the major health problems facing young people in grades 10-12. Many studies have revealed the startling fact that among subjects who began smoking during their teen-age years, the death rate by ages 30-35 is many times that of their nonsmoking classmates. We need to meet the challenge of sophisticated advertisers with sound reasoning and facts regarding smoking practices. If present trends in smoking continue, many students now in school will shorten their life span because of lung cancer or coronary impairment. This one fact alone is enough to warrant a quality health education program for youth.

Many educators believe that grades 7-9 and grades 10-12 are the most critical years for a potential smoker. Efforts must be made to encourage those who smoke to give up the habit and to urge those who do not smoke not to take up the use of tobacco.

Youth and sex are two symbols that cigarette advertisers are using in their campaign to reach the teen-age market and recruit new smokers. As educators we are responsible for presenting the facts regarding the hazards of smoking, so students can weigh all aspects of the problem.

II. BEHAVIORAL OBJECTIVES

A. Long range objectives

The students in grades 10-12 should:

1. Formulate the components of a healthful environment and atmosphere in which students may develop physically, mentally, emotionally, and socially.
2. Evaluate the relationships between selected diseases and the use of tobacco.

B. Immediate objectives

The students in grades 10-12 should:

1. Identify psychological, physiological and sociological factors which might be related to smoking.
2. Recognize the economic impact of smoking.

3. Identify the harmful effects of tobacco elements on organs of the body.

III. CONTENT OUTLINE

A. Tobacco

1. Plant identification
2. Harmful substances in tobacco smoke
 - a) Tars
 - b) Nicotine
 - c) Carbon monoxide
3. Harmful effects
 - a) Bronchial tubes
 - (1) Cilia
 - (2) Mucus production
 - b) Blood and blood vessels
 - (1) Constriction
 - (2) Decreased circulation
 - (3) Increased pressure
 - (4) Chemical composition
 - (5) Carcinogens

B. Organic disorders

1. Cardiovascular disease
 - a) Coronary thrombosis
 - b) Strokes
 - c) Arteriosclerosis
 - d) Buerger's disease
2. Respiratory disease
 - a) Emphysema
 - b) Lung cancer
 - c) Chronic bronchitis
3. Digestive system disorders
 - a) Peptic ulcers
 - b) Diarrhea
 - c) Nausea
 - d) Appetite
4. Maternal disorders
 - a) Birth weight
 - b) Premature birth
 - c) Increased fetal heart rate
5. Cancer
 - a) Oral
 - b) Larynx
 - c) Esophagus
 - d) Bladder
 - e) Lungs

C. Economic aspects

1. Consumption cost
2. Absenteeism, disability, and hospitalization
3. Revenue
- D. Reasons for beginning to smoke
 1. Curiosity, experimentation and social pressures
 2. Esteem—peer approval
 3. Influence of advertising
 4. Example of parent, teacher, and others
 5. Availability

IV. RESOURCES

A. Printed material

1. Books

- a) AAHPER. **What Educators Can Do About Cigarette Smoking.** Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1971.
 - b) Ochsner, Alton. **Smoking: Your Choice Between Life and Death.** New York: Simon and Schuster, 1971.
 - c) Schaller, Warren and Warick, W. Wayne. **Alcohol, Tobacco and Drugs: Their Use and Abuse.** Englewood Cliffs: Prentice-Hall, Inc., 1977.
 - d) Willgoose, Carl E. **Health Teaching in Secondary Schools.** Philadelphia: W.B. Saunders Company, 1977.
 - e) State listed textbooks
- ##### 2. Sources for pamphlets and other printed material
- a) Alabama Department of Public Health
 - b) Alabama Heart Association
 - c) Alabama Lung Association
 - d) American Cancer Society, Alabama Division
 - e) Department of Health, Education and Welfare
 - (1) U.S. Public Health Service

- f) National Clearinghouse on Smoking and Health
- g) Superintendent of Documents, U.S. Government Printing Office
- 3. Periodicals
 - a) **Medical Bulletin on Tobacco**—American Public Health Association
 - b) **Journal of School Health**
 - c) **Health Education**

B. Audio-visual sources

- 1. Films
 - a) Alabama Department of Public Health
 - b) Alabama Heart Association
 - c) Alabama Lung Association

- d) American Cancer Society, Alabama Division
- e) McGraw-Hill Book Company

C. Personnel

- 1. Dentist
- 2. Fireman
- 3. Forest ranger
- 4. Alabama Heart Association representative
- 5. Alabama Lung Association representative
- 6. American Cancer Society, Alabama Division representative

V. ACTIVITIES

- A. Prepare bulletin boards with slogans, cartoons, and posters illustrating the harmful effects of smoking.

- B. Identify advertising efforts which will illustrate the competitive nature of our present tobacco industry.
- C. Do a survey of how many people in the school smoke.
- D. Obtain information on the growing and processing of tobacco.
- E. Read and discuss articles related to smoking.
- F. List and discuss the attitude held by various groups toward the use of tobacco.
- G. Discuss the pros and cons of smoking.
- H. Debate the impact of the tobacco industry on the economy. Discussion topics might include advertising, revenue, employment, and property damage.

APPENDIX I

STATE LISTED TEXTBOOKS

Grade	Title and Edition	Publisher
9-12	Modern Health, 1977	Holt, Rinehard and Winston
9	Investigating Your Health, 1978	Houghton-Mifflin Company
1	Your Health, 1977	Laidlaw Brothers
2	Being Healthy, 1977	Laidlaw Brothers
3	Your Health and You, 1977	Laidlaw Brothers
4	Keeping Healthy, 1977	Laidlaw Brothers
5	Growing Up Healthy, 1977	Laidlaw Brothers
6	Health for Living, 1977	Laidlaw Brothers
7	A Healthier You, 1977	Laidlaw Brothers
8	Your Health and Your Future, 1977	Laidlaw Brothers
9-10	Healthful Living for Today and Tomorrow, 1977	Laidlaw Brothers
10-12	Healthful Living in Your Environment, 1977	Laidlaw Brothers

Grade	Title and Edition	Publisher
1	Health and Growth, Book 1, 1977	Scott, Foresman and Company
2	Health and Growth, Book 2, 1977	Scott, Foresman and Company
3	Health and Growth, Book 3, 1977	Scott, Foresman and Company
4	Health and Growth, Book 4, 1977	Scott, Foresman and Company
5	Health and Growth, Book 5, 1977	Scott, Foresman and Company
6	Health and Growth, Book 6, 1977	Scott, Foresman and Company
7	Health and Growth, Book 7, 1977	Scott, Foresman and Company
8	Health and Growth, Book 8, 1977	Scott, Foresman and Company
9-12	Focusing on Health, 1973	Steck-Vaughn Company
9-12	Health and Safety for You, 1975	Webster Division, McGraw Hill Book Co.

APPENDIX II

A. Printed Material

1. Books

Alabama Department of Public Health
Bureau of Dental Health
State Office Building
Montgomery, Alabama 36130

Allyn and Bacon, Inc.
680 Forrest Road, N. E.
Atlanta, Georgia 30312

American Alliance for Health,
Physical Education and Recreation
1201-16th Street, N. W.
Washington, D. C. 20036

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

American National Red Cross
National Headquarters
Washington, D. C. 20006

American Public Health Association, Inc.
1015 Eighteenth Street, N. W.
Washington, D. C. 20036

Charles Publishing Co.
Orders to Hawthorn Books, Inc.
260 Madison Avenue
New York, New York 10016

Consumer's Report
Consumer's Union of the United States
256 Washington Street
Mount Vernon, N. Y. 10550

Denison, T.S. and Company, Inc.
315 5th Avenue South
Minneapolis, Minnesota 55415

Doubleday and Company, Inc.
501 Franklin Avenue
Garden City, New York 11530

Gale Research, Inc.
Book Tower
Detroit, Michigan 48226

Harcourt, Brace, Jovanovich, Inc.
757-3rd Avenue
New York, New York 10017

Harper and Row Publishers, Inc.
35 Executive Park Drive, N. E.
Atlanta, Georgia 30329

Holt, Rinehart and Winston, Inc.
383 Madison Avenue
New York, New York 10017

Houghton-Mifflin Company
2 Park Street
Boston, Massachusetts 02107

Lea and Febiger
Washington Square
Philadelphia, Pa. 19106

Lippencott, J. B. Company
East Washington Square
Philadelphia, Pennsylvania 19105

McGraw-Hill Book Company
1221 Avenue of the Americas
New York, New York 10036

Macmillan Company
866 Third Avenue
New York, New York 10022

Charles E. Merrill Publishing Company
1300 Alum Creek Drive
Columbus, Ohio 43216

Mosby, C. V.
11830 Westline Industrial Drive
St. Louis, Missouri 63141

National Education Association
1201-16th Street, N.W.
Washington, D.C. 20036

National Safety Council
School and College Department
4447 North Michigan Avenue
Chicago, Illinois 60611

Pocket Books
1230 Avenue of the Americas
New York, New York 10020

Prentice Hall Book Company
P.O. Box 500
Englewood Cliffs, New Jersey 07632

Random House, Inc.
457 Hahn Road
Westminster, Maryland 21157

Saunders, W.B., Company
West Washington Square
Philadelphia, Pennsylvania 19105

Scott, Foresman and Company
1900 E. Lake Avenue
Glenview, Illinois 60025

Scribner, Charles and Sons
Shipping and Service Center
Vreeland Avenue
Totowa, New Jersey 07512

Simon and Schuster, Inc.
630 Fifth Avenue
New York, N.Y. 10020

Smith, Kline and French Laboratories
1500 Spring Garden Street
Philadelphia, Pennsylvania 19101

Steck-Vaughn Company
P.O. Box 2028
Austin, Texas 78767

U.S. Department of Health, Education and Welfare
5600 Fishers Lane
Rockville, Maryland 20852

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

D. Van Nostrand Company, Inc.
450 West 33rd Street
New York, New York 10012

Walker and Company
720 Fifth Avenue
New York, N.Y. 10019

2. Pamphlets

Alabama Association for Mental Health
901 South 18th Street
Birmingham, Alabama 35204

Alabama Council on Alcohol Problems
3213 Lorna Road
Hoover, Alabama 35216

Alabama Dental Association
836 Washington Avenue
Montgomery, Alabama 36104

Alabama Department of Mental Health
Information Service
502 Washington Avenue
Montgomery, Alabama 36104

Alabama Department of Public Health
Reference Library
State Office Building
Montgomery, Alabama 36130

Alabama Environmental Quality Association
2108 South Boulevard
Montgomery, Alabama 36116

Alabama Heart Association
706 1/2 29th Avenue, South
Birmingham, Alabama 35233

Alabama Lung Association
P.O. Box 3236
South Highland Station
Birmingham, Alabama 35205

Alabama State Department of Education
State Office Building
Montgomery, Alabama 36130

American Alliance for Health, Physical
Education and Recreation
1201-16th Street, N.W.
Washington, D.C. 20036

American Association of Sex
Educators and Counselors
Suite 304
5010 Wisconsin Avenue, N.W.
Washington, D.C. 20016

American Cancer Society
Alabama Division
2926 Central Avenue
Homewood, Alabama 35209

American Dental Association
Bureau of Dental Health Education
211 East Chicago Avenue
Chicago, Illinois 60611

American Dietetic Association
430 North Michigan Avenue
Chicago, Illinois 60611

American Home Economics Association
2010 Massachusetts Avenue
Washington, D.C. 20036

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

American National Red Cross
National Headquarters
Washington, D.C. 20006

American Optometric Association
National Headquarters
7000 Chippewa Street
St. Louis, Missouri 63119

American Pharmaceutical Association
2215 Constitution Avenue, N.W.
Washington, D.C. 20037

Arthritis Foundation, Alabama Chapter
13 Office Park Circle
Birmingham, Alabama 35223

Bureau of Health Education
Center for Disease Control
Atlanta, Georgia 30333

Ceneal Institute
135 LaSalle Street
Chicago, Illinois 60630

Council of Better Business Bureaus
1150 17th Street, N.W.
Washington, D.C. 20036

Consumer Products Safety Commission
U.S. Department of Health, Education and Welfare
Washington, D.C. 20204

Encyclopedia Britannica Educational Corporation
425 North Michigan Avenue
Chicago, Illinois 60611

Family Service Association of America
44 East 23rd Street
New York, New York 10010

Food and Drug Administration
U.S. Department of Health, Education and Welfare
Washington, D.C. 20204

Kellogg Company
400 North Avenue
Battle Creek, Michigan 49016

Metropolitan Life Insurance Company
Health and Welfare Division
1 Madison Avenue
New York, New York 10010

National Center for Health Education
44 Montgomery Street, Suite 2564
San Francisco, California 94104

National Clearinghouse for
Drug Abuse Information
Education Services
P.O. Box 1701
Washington, D.C. 20013

National Clearinghouse on Smoking and Health
5600 Fisher's Lane
Rockville, Maryland 20852

National Commission on Safety Education, NEA
1201 16th Street, N.W.
Washington, D.C. 20036

National Coordinating Council on
Drug Abuse Education
and Information
1526 18th Street, N.W.
Washington, D.C. 20036

National Council on Family Relations
1210 University Avenue
Minneapolis, Minnesota 55414

National Dairy Council
6300 North River Road
Rosemont, Illinois 60018

National Education Association
1201-16th Street, N.W.
Washington, D.C. 20036

National Foundation-March of Dimes
South Alabama Office
770 South McDonough Street, Suite 211
Montgomery, Alabama 36104

National Health Council, Inc.
1740 Broadway
New York, New York 10019

National Institute for Mental Health
Bureau of Public Information
Parklawn Building, 56 Fisher's Lane
Rockville, Maryland 20852

National Institute On Alcohol Abuse
and Alcoholism
Parklawn Building, 56 Fisher's Lane
Rockville, Maryland 20852

National Nutrition Education Clearinghouse
Educational Director (NNECH)
2140 Shattuck Avenue
Suite 1110
Berkeley, California 94704

National Safety Council
School and College Department
4447 North Michigan Avenue
Chicago, Illinois 60611

National Society for the Prevention of Blindness
79 Madison Avenue
New York, New York 10016

Nutrition Foundation, Inc.
489 5th Avenue
New York, New York 10017

Office of Consumer Protection
The Capitol
Montgomery, Alabama 36130

Prudential Insurance Company of America
Public Relations Department
Prudential Plaza
Newark, New Jersey 07101

Rutgers Center of Alcohol Studies
Rutgers University
New Brunswick, New Jersey 08903

SIECUS—Sex Information and
Education Council of the U.S.
1855 Broadway
New York, New York 10028

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

U.S. Department of Agriculture
Independence and 14th Street, S.W.
Washington, D.C. 20250

U.S. Department of Justice, Bureau of Narcotics
and Dangerous Drugs, Education
Program Division
1405 Eye Street, N.W.
Washington, D.C. 20537

U.S. Office of Education
Information Center
400 Maryland Avenue, S.W.
Washington, D.C. 20202

U.S. Environmental Protection Agency
U.S. Department of Health, Education
and Welfare
Washington, D.C. 20204

U.S. Department of Health Education and Welfare
5600 Fisher Lane
Rockville, Maryland 20852

3. Periodicals
American Journal of Public Health
1015 18th Street, N.W.
Washington, D.C. 20036

Consumers' Report
Consumer's Union of the United States, Inc.
256 Washington Street
Mount Vernon, New York 10550

Drug Dependence
National Clearinghouse for Mental Health
MMHNIMH
5600 Fisher's Lane
Rockville, Maryland 20852

Family Coordinator: Journal of Education,
Counseling and Services
National Council on Family Relations
1219 University Avenue
Minneapolis, Minnesota 55414

Family Health
149 Fifth Avenue
New York, New York 10010

Focus on the Family
E.C. Brown Center for Family Studies
1802 Moss Street
Eugene, Oregon 97403

Health Education
Association for the Advancement
of Health Education
1201 Sixteenth Street N.W.
Washington, D.C. 20036

Journal of the American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

Journal of the American Medical Association
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Journal of Home Economics
American Home Economics Association
2010 Massachusetts Avenue
Washington, D.C. 20036

Journal of Marriage and the Family
National Council on Family Relations
1219 University Avenue
Minneapolis, Minnesota 55414

Journal of Nutrition Education
Society of Nutrition Education
2140 Shattuck Avenue
Suite 1110
Berkeley, California 94704

Journal of School Health
American School Health Association
515 East Main Street
Kent, Ohio 44242

Journal of Sex Research
138 East 94th Street
New York, New York 10028

Medical Bulletin on Tobacco
American Public Health Association
1015 18th Street, N.W.
Washington, D.C. 20036

Quarterly Journal of Studies on Alcohol
Rutgers Center of Alcohol Studies
Rutgers University
New Brunswick, New Jersey 08903

Sex News
P.K. Houdek
7140 Oak Street
Kansas City, Missouri 64114

Siecus Newsletter
Siecus—Sex Information and
Education Council of the U.S.
1855 Broadway
New York, New York 10028

Statistical Bulletin
Metropolitan Life Insurance Company
1 Madison Avenue
New York, New York 10010

World Health
Office of the Americas
1501 New Hampshire Avenue, N.W.
Washington, D.C. 20006

B. Audio-visuals

1. Films

Aims Instructional Media Services, Inc.
626 Justin Avenue
Glendale, California 91201

Alabama Association for Mental Health
901 South 18th Street
Birmingham, Alabama 35205

Alabama Department of Mental Health
502 Washington Avenue
Montgomery, Alabama 36104

Alabama Department of Public Health,
Film Librarian
Division of Primary Prevention
Room 204, State Office Building
Montgomery, Alabama 36130

Alabama Environmental Quality Association
2108 South Boulevard
Montgomery, Alabama 36116

Alabama Heart Association
706 1/2—29th Avenue, South
Birmingham, Alabama 35233

Alabama Petroleum Council
660 Adams Avenue, Suite 188
Montgomery, Alabama 36104

Alabama State Department of Education
State Office Building
Montgomery, Alabama 36130

Alabama State Department of Public Safety
500 Dexter Avenue
Montgomery, Alabama 36130

Alabama Lung Association
900 South 18th Street
Birmingham, Alabama 35205

Alfred Higgins Productions, Inc.
9100 Sunset Boulevard
Los Angeles, California 90079

American Cancer Society
Alabama Division
2926 Central Avenue
Homewood, Alabama 35209

American Dental Association
Bureau of Dental Health Education
211 East Chicago Avenue
Chicago, Illinois 60611

American Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Benchmark Films
145 Scarborough Road
Briarcliff Manor, New York 10510

BFA Educational Media
2211 Michigan Avenue
P.O. Box 1795
Santa Monica, California 90406

Carousel Films, Inc.
1501 Broadway
New York, New York 10036

Churchill Films
662 N. Robertson Boulevard
Los Angeles, California 90069

Coronet Films
Coronet Building
65 East South Water Street
Chicago, Illinois 60601

CRM/McGraw-Hill Films
Del Mar, California 92014

Encyclopedia Britannica Educational Corporation
141 West Wieuca Road, N.E., Suite 202
Atlanta, Georgia 30342

Lederle Laboratories, Film Library
Division of American Cyanamid Company
Pearl River, New York 10965

Modern Talking Picture Service, Inc.
2323 New Hyde Park Road
New Hyde Park, New York 11040

National Dairy Council
6300 North River Road
Rosemont, Illinois 60018

National Medical Audio-Visual Center
Station K
Atlanta, Georgia 30324

Paramount Oxford Films
5451 Marathon Street
Hollywood, California 90038

Pyramid Films
2801 Colorado Avenue
Santa Monica, California 90404

Sid Davis Productions
1046 South Robertson Boulevard
Los Angeles, California 90035

Smith, Kline and French Laboratories
Medical Film Center
1500 Spring Garden Street
Philadelphia, Pennsylvania 19101

Association-Sterling Films
8615 Directors Row
Dallas, Texas 75247

U.S. Department of Justice, Bureau of Narcotics
and Dangerous Drugs
1405 Eye Street, N.W.
Washington, D.C. 20537

Walt Disney Educational Media Company
800 Sonora Avenue
Glendale, California 91201